

SF 424

Type of Submission: This will be marked "Application"

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>
<b>* 3. Date Received:</b> <input type="text"/> <small>Completed by Grants.gov upon submission.</small>	<b>4. Applicant Identifier:</b> <input type="text"/>		
<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>* 5b. Federal Award Identifier:</b> <input type="text"/>		
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>		
<b>8. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> <input type="text"/>			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/>		<b>* c. Organizational DUNS:</b> <input type="text"/>	
<b>d. Address:</b>			
<b>* Street1:</b> <input type="text"/>		<input type="text"/>	

Type of Application: This will be marked “New” for first time applications and “Continuation” for renewal applications.

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>
<b>* 3. Date Received:</b> <input type="text"/> <small>Completed by Grants.gov upon submission.</small>	<b>4. Applicant Identifier:</b> <input type="text"/>	
<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>* 5b. Federal Award Identifier:</b> <input type="text"/>	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> <input type="text"/>		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/>	<b>* c. Organizational DUNS:</b> <input type="text"/>	
<b>d. Address:</b>		
<b>* Street1:</b>	<input type="text"/>	
<b>* Street2:</b>	<input type="text"/>	

Date Received, Applicant Identifier, Federal Entity Identifier, Federal Award Identifier, Date Received by State, State Application Identifier: Leave Blank

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>
<b>* 3. Date Received:</b> <input type="text"/> <small>Completed by Grants.gov upon submission.</small>	<b>4. Applicant Identifier:</b> <input type="text"/>		
<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>* 5b. Federal Award Identifier:</b> <input type="text"/>		
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>		
<b>8. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> <input type="text"/>			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/>		<b>* c. Organizational DUNS:</b> <input type="text"/>	
<b>d. Address:</b>			
<b>* Street1:</b> <input type="text"/>			
<input type="text"/>			

Legal Name: This is the legal name of the award recipient organization.

<b>State Use Only:</b>	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
<b>3. APPLICANT INFORMATION:</b>	
* a. Legal Name: <input type="text"/>	
* b. Employer/Taxpayer Identification Number (EINTIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
<b>d. Address:</b>	
* Street1:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County:	<input type="text"/>
* State:	<input type="text"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text"/>
<b>e. Organizational Unit:</b>	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text"/>

Employer/ Taxpayer Identification Number (EIN/TIN): This is where you insert your Taxpayer Identification Number. We do not use the Employer Identification Number (EIN) any longer.

<b>State Use Only:</b>	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>	
a. Legal Name: <input type="text"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
<b>d. Address:</b>	
* Street1:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County:	<input type="text"/>
* State:	<input type="text"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text"/>
<b>e. Organizational Unit:</b>	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text"/>

Organizational DUNS: This is the Data Universal Numbering System Identification Number that Recipients receive upon registering at the DUN & Bradstreet website. (See Doing Business with the Federal Government PowerPoint.)

<b>State Use Only:</b>	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>	
* a. Legal Name: <input type="text"/>	
* b. Employer/Taxpayer Identification Number (EINTIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
<b>d. Address:</b>	
* Street1:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County:	<input type="text"/>
* State:	<input type="text"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text"/>
<b>e. Organizational Unit:</b>	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text"/>

Address: This is the mailing address of the recipient.

<b>State Use Only:</b>	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>	
* a. Legal Name: <input type="text"/>	
* b. Employer/Taxpayer Identification Number (EINTIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
<b>d. Address:</b>	
* Street1:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County:	<input type="text"/>
* State:	<input type="text"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text"/>
<b>e. Organizational Unit:</b>	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text"/>

Organizational Unit: If applicable, fill in the department name and division name e.g. XX University, Department of Mechanical Engineering, Biodiesel Division.

<b>State Use Only:</b>	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
<b>8. APPLICANT INFORMATION:</b>	
* a. Legal Name: <input type="text"/>	
* b. Employer/Taxpayer Identification Number (EINTIN): <input type="text"/>	* c. Organizational DUNS: <input type="text"/>
<b>d. Address:</b>	
* Street1:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County:	<input type="text"/>
* State:	<input type="text"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text"/>
<b>e. Organizational Unit:</b>	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text"/>

Name and Contact Information of Person to be contacted on matter involving this application: This is the person the Contract Specialist or Project Officer will contact to answer questions regarding specific information on the application forms like budget details or indirect rate agreements.

Province:	<input type="text"/>		
* Country:	<input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code:	<input type="text"/>		
<b>e. Organizational Unit:</b>			
Department Name:	Division Name:		
<input type="text"/>	<input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text"/>		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text"/>		

Type of Applicant: Use the list provided in the form and put the appropriate organization e.g. Institution of Higher Education, Non-Profit Organization w/ 501(c)3 status, etc.

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**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

\* Title:

MBL-SF424Family-AllForms

Name of Federal Agency: Department of Energy

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS

\* Title:

MBL-SF424Family-AllForms

Catalog of Federal Domestic Assistance Number: A list of CFDA numbers and titles can be found at [www.cfda.gov](http://www.cfda.gov). Depending on the project type, EERE CFDA numbers could fall under 81.086, 81.087, or 81.117; OE projects are 81.122, and Fossil Energy is 81.089. If unsure which category you fall into, leave blank.

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Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS

\* Title:

MBL-SF424Family-AllForms

Funding Opportunity Number: CDP Recipients will leave this blank as the award was not competed under an FOA.

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Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

MBL-SF424FAMILY-ALLFORMS

\* Title:

MBL-SF424Family-AllForms



Competition Identification Number: CDP Recipients will leave this blank, as there was no competition for these awards.

\* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

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

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Areas Affected by Project: Please list ALL locations where project work will be performed i.e. If you are installing smart metering equipment in several cities or counties, you MUST list all of those locations.

\* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

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

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Descriptive Title of Applicant's Project: This should be a short, one sentence descriptive title i.e. University X Project to Examine Advanced Biodiesel Engine Enhancements.

\* Title:

MBL-SF424Family-AllForms

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

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

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Congressional Districts of: Put the Congressional District of the Recipient's Primary Place of Business in Block a. Applicant; and if performing work in a location other than the Primary Place of Business, then list that district under Block b. Program/Project. If performing work in multiple locations then use the Add Attachment feature to list all affected districts.

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Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

**\* 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.

Proposed Project Dates: These are the dates the Recipient would like the project to begin and end.

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Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

**\* 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.

Estimated Funding: This includes both federal and non-federal amounts. (a) Insert the federally funded amount; (b) insert the Recipient's funding amount (this is the amount you are providing through either in cash or in-kind cost share; (c) insert any money contributed by a State Government; (d) insert amount from any local government; (e) list amount contributed from other sources as cost share; (f) list any estimated income that will be generated by this project (g) This amount should be the total amount of the award including both federal and non-federal amounts.

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Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

**\* 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.

Subject to Review by State under Executive Order 12372 Process: Check the appropriate box. This typically will not apply to CDP's, but read the Order to make sure it is not applicable.

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.)

- Yes       No

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:

Prefix:       \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:       Fax Number:

\* Email:

\* Signature of Authorized Representative:       \* Date Signed:

Is the Applicant Delinquent on any Federal Debt: Check the appropriate box and if Yes: provide an explanation as an attachment.

\* 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.)

- Yes       No

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\*\* 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:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:       Fax Number:

\* Email:

\* Signature of Authorized Representative:       \* Date Signed:

Signing of Application: The list of certifications can be found at <http://www.netl.doe.gov/business/forms-far.html>. This block MUST be checked to be considered an "Acceptable" application.

\* 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.)

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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

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Authorized Representative:

Prefix:       \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:       Fax Number:

\* Email:

\* Signature of Authorized Representative:       \* Date Signed:

Authorized Representative: This should be a person authorized to accept the certifications and assurances for the Recipient.

\* 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.
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- Yes       No

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)

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Authorized Representative:

Prefix:       \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:       Fax Number:

\* Email:

\* Signature of Authorized Representative:       \* Date Signed: