OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
TYPE OF SUBMISSI			3. DATE RECEIVED B	Y STATE	State Applicant Identifier	
Application  Construction	Preap	pplication		Y FEDERAL AGENCY	Federal Identifier	
□ Non-Construction	_				1 odorar idonamor	
5. APPLICANT INFORMAT				ER FEDERAL AGENCY?	YES □ NO IF YES, LIST ACR	ONYM(S)
Legal Name:	1011	THOI GOVE BEING	00514111125 10711101111	Organizational Unit:	·	OHTIM(0)
6. EMPLOYER IDENTIFICATION NUMBER (EIN):    New			Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)  PI:  ADMIN. CONTACT:  7. TYPE OF APPLICANT: (enter appropriate letter in box)  A. State H. Independent School Dist.  B. County I. State Controlled Institution of Higher Learning  C. Municipal J. Private University  D. Township K. Indian Tribe  E. Interstate L. Individual  F. Intermunicipal M. Profit Organization  G. Special District N. Other (Specify)  9. NAME OF FEDERAL AGENCY:  U.S. Environmental Protection Agency - ORD - NCERQA  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
13. PROPOSED PROJECT:	:	14. CONGRESSIO	NAL DISTRICTS OF:	1		
Start Date	Ending Date	a. Applicant			b. Project	
15. ESTIMATED TOTAL PR	ROJECT FUNDING	i:	16. IS APPLICAT	ION SUBJECT TO REVIEW	N BY STATE EXECUTIVE ORDER 1237	2 PROCESS?
a. Federal \$ .00 a. YES. Ti			HIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE TATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$		.00 DA	TE -		_
c. State	\$ .00 b. NO. □		PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ .00					
e. Other	\$ .00					
f. Program Income	\$ .00 17. IS THE APPL		ICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ .00		If "Yes," attach an explanation.			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION 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 Authoriz	zed Representat	ive				e. Date Signed

#### **INSTRUCTIONS FOR THE SF 424**

This is a standard form used by applicants as a required facesheet for preapplications 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.
- 2. Date application submitted to Federal agency (or State, if applicable) & applicant's control number (if applicable).
- 3. State use only (if applicable).
- 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
- 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.
- 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
- 7. Enter the appropriate letter in the space provided.
- 8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:
  - "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.
- 9. Name of Federal agency from which assistance is being requested with this application.
- Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is required.
- 11. Enter a brief descriptive title of the project. If me than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

- 12. List only the largest political entities affected (e.g., State, counties, cities.)
- 13. Self-explanatory.
- 14. List the applicant's Congressional Districts and any District(s) affected by the program or project.
- 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, include *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
- 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 allowances, 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.

#### **KEY CONTACTS FORM**

	Name:	
	Title:	
	Complete Address:	
	•	
	Phone Number:	
Payee:	Individual author	ized to accept payments.
	Name:	
	Title:	
	Complete Address:	
	Complete Address.	
	Phone Number:	
contact ebudge		t: Individual from Sponsored Programs Office to istrative matters (i.e., indirect cost rate computation,
contact rebudge	concerning admin eting requests etc.)	v i
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# **Abstract Format** (Example Format)

1. Sorting Code: 97-NCERQA-X (use the correct code that corresponds to the appropriate RFA topic)
2. Title: Use the exact title as it appears in the rest of the application
3. Investigators: List the names and affiliations of each investigator who will significantly contribute to the project. Start with the Princial Investigator
<b>4. Project Summary:</b> Summarize the objectives, approach, and expected results described in the proposal.
<b>a. Objectives/Hypotheses:</b> (include a short statement on the context of the proposed research in relation to other environmental research in the particular area of work.)
<b>b. Approach:</b> (outline the methods, approaches, and techniques you intend to employ in meeting the objectives.)
c. Expected Results:

## **Itemized Budget for ORD Grant Applications** (Example Format)

CATEGORIES YEAR ON	E YEAR TWO	YEAR THREE	TOTAL DROVE OF
		I LAK IIIKEL	TOTAL PROJECT
a. Personnel			
Principal Investigator			
Co-PI			
Research Scientists			
Postdoctoral Scientists			
Other Personnel			
b. Fringe Benefits			
% of			
TOTAL PERSONNEL COSTS			
c. Travel			
Trip 1			
Trip 1			
Trip 1			
etc.			
TOTAL TRAVEL COSTS			
d. Equipment			
Item 1 Item 2			
Item 3			
etc.			
TOTAL EQUIPMENT COSTS			
e. Supplies			
Item 1			
Item 2			
Item 3			
etc.			
TOTAL SUPPLY COSTS			
f. Contracts			
1			
2			
3			
etc.			
TOTAL CONTRACTUAL COSTS			
g. Other			
Item 1 Item 2			
Item 3			
etc.			
ctc.			
TOTAL OTHER COSTS			
h. TOTAL DIRECT COSTS			
(sum of a-g)			
i. Indirect Costs/Charges			
% of (base)			
j. TOTAL PROJECT COSTS			
(sum of h & i)			
(Suiii Oi ii & 1)			
1 TOTAL DEGLESSES			
k. TOTAL REQUESTED			
FROM EPA			

### **Current and Pending Support**

The following information should be provided for each investigator						
Investigator:		Other agencies to which this	proposal has been/w	ill be submitted.		
Support: ☐ Current ☐ Pending Project/Proposal Title:	□ Su	bmission Planned in	Near Future			
Source of Support:						
Total Award Amount: \$ Location of Project:	Total Award Period Covered:					
Person-Months Per Year Committed to the Pr	roject.	Cal:	Acad:	Sumr:		
Support: ☐ Current ☐ Pending Project/Proposal Title:	□ Sul	bmission Planned in	Near Future			
Source of Support:						
Total Award Amount: \$ Location of Project:	Total	Award Period Cover	ed:			
Person-Months Per Year Committed to the Pr	roject.	Cal:	Acad:	Sumr:		
Support:   Current   Pending  Project/Proposal Title:	□ Su	bmission Planned in	Near Future			
Source of Support:						
Total Award Amount: \$ Location of Project:	Total	Award Period Cover	ed:			
Person-Months Per Year Committed to the Pr	roject.	Cal:	Acad:	Sumr:		
Support:   Current   Pending  Project/Proposal Title:	□ Sul	bmission Planned in	Near Future			
Source of Support:						
• •	Total	Award Period Cover	ed:			
Location of Project:						
Person-Months Per Year Committed to the Pr		Cal:	Acad:	Sumr:		
Support:   Current   Pending   Project/Proposal Title:	⊔ Su	bmission Planned in	Near Future			
Source of Support:						
Total Award Amount: \$ Total Award Period Covered:						
Location of Project:						
Person-Months Per Year Committed to the Project. Cal: Acad: Sumr:  If this project has previously been funded by another agency, please list and furnish information for immediately preceding funding period.						