APPLICATION FOR		·			Version 7/03			
FEDERAL ASSISTANCE 2.		2. DATE SUBMITTED		Applicant Identifier				
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENC		State Application Identified	State Application Identifier			
Construction X Non-Construction	Construction Non-Construction			CY Federal Identifier				
5. APPLICANT INFORMATIO								
Legal Name:			Organizational U	nit:				
			Department:					
Organizational DUNS:			Division:					
Address: Street:			Name and telephone number of person to be contacted on matters involving this application (give area code)					
Succi.			Prefix: First Name:					
City:			Middle Name					
County:			Last Name					
State:	Zip Code		Suffix:					
Country:			Email:					
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):		Phone Number (g	give area code)	Fax Number (give area code)			
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See back of form for	r Application Types)			
п,			State					
If Revision, enter appropriate let		Revision	Other (specify)					
(See back of form for description			Other (speerly)					
Other (specify)			9. NAME OF FEDERAL AGENCY:					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
	Services Emergency Fund ROJECT (Cities, Counties, States, etc.	r.):	-					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:					
Start Date:	Ending Date:		a. Applicant		b. Project			
15. ESTIMATED FUNDING:				TION SUBJECT TO REVIEW B' 72 PROCESS?	Y STATE EXECUTIVE			
a. Federal	\$		THIS PREAPPLICATION/APPLICATION WAS MADE a. YES. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372					
b. Applicant	\$	-		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON				
c. State	\$	-	DATE:					
d. Local	\$	-	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372					
e. Other	\$	-	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
f. Program Income	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT					
g. TOTAL	\$	-	Yes.	If "Yes," attach an explanation.	No.			
DOCUMENT HAS BEEN DU	NOWLEDGE AND BELIEF, ALL LY AUTHORIZED BY THE GOV IF THE ASSISTANCE IS AWARD	ERNING BODY OF THE API	DN/PREAPPLICA PLICANT AND T	TION ARE TRUE AND CORR THE APPLICANT WILL COMP	ECT. THE PLY WITH THE			
a. Authorized Representative	Direct NL			N:141- N				
Prefix	First Name]	Middle Name				
Last Name				Suffix				
b. Title				c. Telephone Number (give area code)				
d. Signature of Authorized Repr	esentative		1	e. Date Signed				

	IATION Non-Construc	tion Programs			OMB	Approval No. 0348-004	
		tion Programs					
SECTION A - BUDGET SUMMARY							
Function Domestic Assis or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Fund	ds	New or Revised Budget			
	(b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)	
1		\$0	\$0				
2		φυ	ψυ				
3.							
4.							
5. TOTALS		\$0	\$0				
SECTION B - BUDGET	CATEGORIES						
6. Object Class Categori	ies	GRANT PROGRAM, FUNC	TION OR ACTIVITY			Total (5)	
			(3)	(4)	(8)		
a. Personnel						\$0.0	
b. Fringe Benefits						\$0.0	
c. Travel						\$0.0	
d. Equipment						\$0.0	
e. Supplies						\$0.0	
f. Contractual						\$0.0	
g. Construction						\$0.0	
h. Other						\$0.0	
i. Total Direct Char	ges (sum of 6a - 6h)					\$0.0	
j. Indirect Charge						\$0.0	
k. TOTALS (sum of	⁶ 6i and 6j)	ļ				\$0.0	
7. Program Income							

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Resources	(e) TOTALS
8.					\$0
9.					
10.					
11.					
12. TOTALS (sum of lines 8-11)		\$0	\$0	\$0	\$0
SECTION D - FORECASTED CASH NEEDED					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
14. NonFederal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUND	S NEEDED FOR BALAN	ICE OF THE PROJECT	FUTURE FUNDING		
Grant Program					
Grant Frogram		(b) First	(c) Second	(d) Third	(e) Fourth
					\$0.00
17.					\$0
18.					\$0
19.					\$0
20. Totals (sum of lines 16-19)				\$0.00	
SECTION F - OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)					
21. Direct Charges:					
2. Indirect Changes: Prelimary Indirect Cost Rate					
23. Remarks:					

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