

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

Leave Blank

4. Applicant Identifier:

Leave Blank

5a. Federal Entity Identifier:

Leave Blank

5b. Federal Award Identifier:

Leave Blank

**State Use Only:**

6. Date Received by State:

Leave Blank

7. State Application Identifier:

Leave Blank

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

Legal Name of Applicant (no acronyms)

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

Applicant's EIN #

\* c. UEI:

please enter Applicant UEI #

**d. Address:**

\* Street1:

Legal address of applicant, no PO BOX

Street2:

\* City:

County/Parish:

\* State:

Province:

\* Country:

\* Zip / Postal Code:

**e. Organizational Unit:**

Department Name:

if applicable

Division Name:

if applicable

**f. Name and contact information of person to be contacted on matters involving this application:**

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:**

type of applicant; must align with selection in application, i.e., non-profit, local government, etc.

Type of Applicant 2: Select Applicant Type:

leave blank

Type of Applicant 3: Select Applicant Type:

leave blank

\* Other (specify):

leave blank

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

Northern Border Regional Commission

**11. Catalog of Federal Domestic Assistance Number:**

90.601

CFDA Title:

Catalyst Program/Forest Economy Program/Timber for Transit (select the appropriate program for your project)

**\* 12. Funding Opportunity Number:**

leave blank

\* Title:

Catalyst Program/Forest Economy Program/Timber for Transit (select the appropriate program for your project)

**13. Competition Identification Number:**

Leave Blank

Title:

Leave Blank

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

Leave Blank

Add Attachment

Delete Attachment

View Attachment

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

brief description of project-required. Must align with your application.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant [Redacted]

\* b. Program/Project [Redacted]

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: **8/1/24**

\* b. End Date: **9/30/27**

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

- \* a. Federal [Redacted]
- \* b. Applicant [Redacted]
- \* c. State [Redacted]
- \* d. Local [Redacted]
- \* e. Other [Redacted]
- \* f. Program Income [Redacted]
- \* g. TOTAL

**\* 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 in attachment.)**

- Yes
- No

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**

\*\* 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: [Redacted]  
Middle Name:   
\* Last Name: [Redacted]  
Suffix:

\* Title: [Redacted]

\* Telephone Number: [Redacted] Fax Number:

\* Email: [Redacted]

\* Signature of Authorized Representative: [Redacted] \* Date Signed: [Redacted]