

FORM CGFA-192

NOTICE OF APPLICATION FOR FEDERAL ASSISTANCE

<p>1. TYPE OF YEARLY APPLICATION</p> <p><input type="checkbox"/> New = A. (SAI #) Request & Award (90) lines (10 & 13a & 14) B. or Request funds only (NOI) line (10)</p> <p><input type="checkbox"/> Award = (NOA) lines (13a & 14)</p> <p><input type="checkbox"/> Award Amendment = (+/-) (NOAA) lines (13c & 14)</p> <p><input type="checkbox"/> Request Amendment = (+/-) (NOIA) line (10)</p> <p><input type="checkbox"/> Revision = Date Changes (REV) lines (9 & 13e)</p>	<p>2. STATE APPLICATION IDENTIFIER (SAI #)</p> <p style="text-align: center;">CGFA gives the SAI # out on the first activity of the application.</p>	<p style="text-align: center;">(CGFA INTERNAL USE ONLY)</p>										
<p>3. APPLICANT INFORMATION</p>												
<p>AGENCY NAME</p>	<p>AGENCY DIVISION AND NUMBER</p> <p style="text-align: center;">-</p>											
<p>4. ADDRESS (City, State, & Zip Code)</p>	<p>5. NAME AND TELEPHONE NUMBER FOR CONTACT PERSON INVOLVED IN PROCESSING THIS APPLICATION</p> <p style="text-align: right;">Is this the Single Point of Contact for your agency <input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>6. FEDERAL GRANTING AGENCY</p>												
<p>7. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA #)</p> <p style="text-align: center;">.</p> <p>TITLE:</p>	<p>8. PROGRAM TITLE AND FISCAL YEAR</p> <p style="text-align: right;">FY _____</p>											
<p>9. DATE PROPOSED PROJECT</p>												
<p style="text-align: center;">START DATE (Month/Date/Year)</p> <p style="text-align: center;">- -</p>	<p style="text-align: center;">END DATE (Month/Date/Year)</p> <p style="text-align: center;">- -</p>											
<p>10. FUNDING (REQUESTED)</p>												
<p>A. Federal</p>	<p>\$</p>	<p>11. TYPED NAME OF AUTHORIZED REPRESENTATIVE</p> <p>A. Signature of Authorized Representative</p> <p>B. Title</p> <p>C. Telephone Number and Date Signed</p>										
B. State	\$											
C. Local	\$											
D. Other	\$											
E. TOTAL	\$											
<p>12. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS PREAPPLICATION/APPLICATION 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.</p>												
<p>13. ACTION TAKEN (IF APPLICABLE)</p> <p><input type="checkbox"/> A. Awarded</p> <p><input type="checkbox"/> B. Rejected</p> <p><input type="checkbox"/> C. Returned for Award Amended (+/-)</p> <p><input type="checkbox"/> D. Withdrawn</p> <p><input type="checkbox"/> E. Revision (Date Changes)</p>		<p>14. FUNDING (AWARDED)</p>										
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">A. Federal (+/-)</td> <td style="width: 15%;">\$</td> </tr> <tr> <td>B. State</td> <td>\$</td> </tr> <tr> <td>C. Local</td> <td>\$</td> </tr> <tr> <td>D. Other</td> <td>\$</td> </tr> <tr> <td>E. TOTAL (+/-)</td> <td>\$</td> </tr> </table>	A. Federal (+/-)	\$	B. State	\$	C. Local	\$	D. Other	\$	E. TOTAL (+/-)	\$
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