



**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text"/></p> <p>c. * Estimated Program Income <input type="text"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
<p><b>Q. 16b: Record cost share in box 16b.</b></p>	
<p><b>18. 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 18, Section 1001)</b></p> <p style="text-align: center;"><input type="checkbox"/> * I agree</p> <p style="text-align: center;"><small>* 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.</small></p>	
<p><b>19. Authorized Representative</b></p> <p>Prefix: <input type="text"/> * First Name: <input type="text"/> Middle Name: <input type="text"/> * Last Name: <input type="text"/> Suffix: <input type="text"/></p> <p>* Position/Title: <input type="text"/> * Organization: <input type="text"/></p> <p>Department: <input type="text"/> Division: <input type="text"/></p> <p>* Street 1: <input type="text"/> Street 2: <input type="text"/></p> <p>* City: <input type="text"/> County: <input type="text"/> * State: <input type="text"/> * ZIP Code: <input type="text"/></p> <p>* Country: <input type="text" value="USA"/></p> <p>* Phone Number: <input type="text"/> Fax Number: <input type="text"/> * Email: <input type="text"/></p> <p style="text-align: center;">* Signature of Authorized Representative <span style="float: right;">* Date Signed</span></p> <p style="text-align: center;">Completed on submission to Grants.gov <span style="float: right;">Completed on submission to Grants.gov</span></p>	
<p><b>20. Pre-application</b> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>	

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

**16. Estimated Project Funding**

Field Name	Instructions
Total Estimated Project Funding	Enter the total Federal funds requested for the entire project period.
Total Federal & Non-Federal Funds	Enter the total estimated funds for the entire project period, including both Federal and non-Federal funds. If using the Funds Requested Budget Component, item 16b will be the same as item 16a.  For NIH and other PHS agencies applicants, this field will be the same as item 16a unless the specific announcement indicates that cost sharing is a requirement.
Estimated Program Income	Identify any Program Income estimated for this project period, if applicable.

**17. Is Application Subject to Review by State Executive Order 12372 Process?**

If yes, check the “Yes” box. If the announcement indicates that the program is covered under Executive Order 12372, you should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372. If no, check the appropriate box. This field is required.