

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="submission date"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="COMPANY NAME"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="XX-XXXXXX"/>	* c. Organizational DUNS: <input type="text" value="XXXXXXXXXX"/>	
<b>d. Address:</b>		
* Street1:	<input type="text" value="COMPANY STREET ADDRESS"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="COMPANY CITY"/>	
County/Parish:	<input type="text"/>	
* State:	<input type="text" value="COMPANY STATE"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="5 DIGIT ZIPCODE"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name:	<input type="text" value="COMPANY REPRESENTATIVE FNAME"/>
Middle Name: <input type="text"/>		
* Last Name:	<input type="text" value="COMPANY REPRESENTATIVE LNAME"/>	
Suffix: <input type="text"/>		
Title:	<input type="text" value="CEO, PRESIDENT, FOUNDER, ETC."/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="PHONE#"/>	Fax Number: <input type="text"/>	
* Email:	<input type="text" value="EMAIL ADDRESS"/>	

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Institute of Standards and Technology

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

11.620

CFDA Title:

Science, Technology, Business and/or Education Outreach

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

YEAR-NIST-SBIR-01 (NOFO#)

\* Title:

Small Business Innovation Research (SBIR) Program Phase I

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

The title of your proposal

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**\*\*State abbreviation plus district number (e.g. "TX-002"). To find your number, visit House.gov webpage & enter your organization's zip code under the Find Your Representative heading in the top-right corner. The name of your representative and his or her district number will appear in the results. If a district is described as "at large", then the congressional district number should be entered "001". 16a and 16b should have the same code.**

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant <input type="text" value=""/>	** * b. Program/Project <input type="text" value=""/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value=""/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="9/1/YEAR"/> September 1 in Year of application	* b. End Date: <input type="text" value="03/01/YEAR"/> 6 month duration
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="100,000.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value=""/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text" value=""/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>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)</b>	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix: <input type="text" value=""/>	* First Name: <input type="text" value="FName"/>
Middle Name: <input type="text" value=""/>	
* Last Name: <input type="text" value="LName"/>	
Suffix: <input type="text" value=""/>	
* Title: <input type="text" value="CEO, President, etc."/>	
* Telephone Number: <input type="text" value="PHONE#"/>	Fax Number: <input type="text" value=""/>
* Email: <input type="text" value="EMAIL ADDRESS"/>	
* Signature of Authorized Representative: <input type="text" value="Full Name"/>	* Date Signed: <input type="text" value=""/>