## **FORM CGFA-192**

## NOTICE OF APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF YEARLY APPLICATION		2. STATE APPLICATION II	DENTIFIER
□ New = A. (SAI #) Request & Award (90) lines (10 & 13a & 14)  B. or Request funds only (NOI) line (10)		(SAI #)	
☐ <b>Award</b> = (NOA) lines (13a & 14)			
☐ Award Amendment = (+/-) (NOAA) lines (13c & 14)			
□ <b>Request Amendment</b> = $(+/-)$ (NOIA) line (10)			
☐ <b>Revision</b> = Date Changes (REV) lines (9 & 13e)		CGFA gives the SAI # out of first activity of the application	ation
3. APPLICANT INFORMATION			(CGFA INTERAL USE ONLY)
AGENCY NAME		AGENCY DIVISION AND	NUMBER
			_
A ADDRESS (City, State & Tim Code)		5 NAME AND TELEDIO	NIE NIIMDED EOD CONTACT DEDSON INVOLVED IN
4. ADDRESS (City, State, & Zip Code)		5. NAME AND TELEPHONE NUMBER FOR CONTACT PERSON INVOLVED IN PROCESSING THIS APPLICATION	
		Is this the Single Point of Contact for your agency ☐ Yes ☐ No	
6. FEDERAL GRA	NTING AGENCY		
	FEDERAL DOMESTIC ASSISTANCE	8. PROGRAM TITLE ANI	D FISCAL YEAR
NUN	MBER (CFDA #)		
			FY
TITLE:			
	ED DDO IDOT		**
9. DATE PROPOS	ED PROJECT TE (Month/Date/Year)	END D	ATE (Month/Date/Year)
9. DATE PROPOS		END D	
9. DATE PROPOS		END D	
9. DATE PROPOS START DA' - 10. FUNDING (RE	TE (Month/Date/Year)  — QUESTED)		PATE (Month/Date/Year)
9. DATE PROPOS START DA	TE (Month/Date/Year)		
9. DATE PROPOS START DA' - 10. FUNDING (RE	TE (Month/Date/Year)  — QUESTED)		PATE (Month/Date/Year)   UTHORIZED REPRESENTATIVE
9. DATE PROPOS START DA'  -  10. FUNDING (RE A. Federal  B. State	TE (Month/Date/Year)  —  QUESTED)	11. TYPED NAME OF A	PATE (Month/Date/Year)   UTHORIZED REPRESENTATIVE
9. DATE PROPOS START DA'  -  10. FUNDING (RE A. Federal	TE (Month/Date/Year)  —  QUESTED)	11. TYPED NAME OF A	PATE (Month/Date/Year)   UTHORIZED REPRESENTATIVE
9. DATE PROPOS START DA'  -  10. FUNDING (RE A. Federal  B. State	TE (Month/Date/Year)  - QUESTED)  \$	11. TYPED NAME OF A	PATE (Month/Date/Year)   UTHORIZED REPRESENTATIVE
9. DATE PROPOS START DATE  10. FUNDING (RE A. Federal  B. State  C. Local  D. Other	TE (Month/Date/Year)  - QUESTED)  \$ \$ \$	A. Signature of Authorized  B. Title	ATE (Month/Date/Year)   UTHORIZED REPRESENTATIVE  I Representative
9. DATE PROPOS START DATE  10. FUNDING (RE A. Federal  B. State  C. Local	TE (Month/Date/Year)  - QUESTED)  \$ \$	A. Signature of Authorized	ATE (Month/Date/Year)   UTHORIZED REPRESENTATIVE  I Representative
9. DATE PROPOS START DATA  10. FUNDING (RE A. Federal  B. State  C. Local  D. Other  E. TOTAL	QUESTED)  \$  \$  \$  \$  YKNOWLEDGE AND BELIEF, ALL DATA IN THIS F	A. Signature of Authorized  B. Title  C. Telephone Number and	ATE (Month/Date/Year)   UTHORIZED REPRESENTATIVE  I Representative
9. DATE PROPOS START DATE  10. FUNDING (RE  A. Federal  B. State  C. Local  D. Other  E. TOTAL  12. TO THE BEST OF MAUTHORIZED BY THE COMMENT OF START DATE	QUESTED)  \$  \$  \$  \$  YKNOWLEDGE AND BELIEF, ALL DATA IN THIS F	A. Signature of Authorized  B. Title  C. Telephone Number and  REAPPLICATION/APPLICATION AF  APPLICANT WILL COMPLY WITH TIE  14. FUNDING (AWARDI	Date Signed  EE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY HE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
9. DATE PROPOS START DATE  10. FUNDING (RE  A. Federal  B. State  C. Local  D. Other  E. TOTAL  12. TO THE BEST OF MAUTHORIZED BY THE COMMENT OF START DATE	QUESTED)  \$  \$  \$  \$  Y KNOWLEDGE AND BELIEF, ALL DATA IN THIS FOVERNING BODY OF THE APPLICANT AND THE	A. Signature of Authorized  B. Title  C. Telephone Number and  REAPPLICATION/APPLICATION AF	Date Signed  Date Signed  EE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY HE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
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