

FORM LRU 192

NOTICE OF APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED	Applicant Identifier														
1. TYPE OF SUBMISSION Pre-application Application <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction <input type="checkbox"/> Non-construction		3. DATE RECEIVED BY STATE	State Application Identifier (SAI #)														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name		Organizational Unit															
Address (give city, county, state, and zip code)		Name and telephone number (with area code) for the person to be contacted about this application															
6. EMPLOYER IDENTIFICATION NUMBER (EIN) □□-□□□□□□□□		7. TYPE OF APPLICANT (enter the appropriate letter in the box) <div style="text-align: center; margin: 10px 0;">□</div> A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special district H. Independent school district I. State controlled institution of higher learning J. Private university K. Indian tribe L. Individual M. Profit organization N. Other (specify)_____															
8. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Modification If Modification, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> Other(specify) A. Increase award C. Increase request B. Decrease award D. Decrease request		9. NAME OF FEDERAL AGENCY															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER □□.□□□□ TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)																	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF															
Start Date	End Date	A. Applicant	B. Project														
15. ESTIMATED FUNDING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>A. Federal</td><td style="text-align: right;">\$</td></tr> <tr><td>B. Applicant</td><td style="text-align: right;">\$</td></tr> <tr><td>C. State</td><td style="text-align: right;">\$</td></tr> <tr><td>D. Local</td><td style="text-align: right;">\$</td></tr> <tr><td>E. Other</td><td style="text-align: right;">\$</td></tr> <tr><td>F. Program Income</td><td style="text-align: right;">\$</td></tr> <tr><td>G. TOTAL</td><td style="text-align: right;">\$</td></tr> </table>		A. Federal	\$	B. Applicant	\$	C. State	\$	D. Local	\$	E. Other	\$	F. Program Income	\$	G. TOTAL	\$	16. IS APPLICATION SUBJECT TO REVIEW BY EXECUTIVE ORDER 12372 PROCESS? A. Yes. This Preapplication/Application was made available to Executive Order 12372 process for review on Date_____ B. No. <input type="checkbox"/> Program is not covered by Executive Order 12372. <input type="checkbox"/> Program has not been selected for review.	
A. Federal	\$																
B. Applicant	\$																
C. State	\$																
D. Local	\$																
E. Other	\$																
F. Program Income	\$																
G. TOTAL	\$																
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes," attach an explanation. <input type="checkbox"/> No.															
18. 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.																	
A. Typed name of authorized representative		B. Title	C. Telephone number														
D. Signature of authorized representative			Date signed														
19. ACTION TAKEN <input type="checkbox"/> A. Awarded <input type="checkbox"/> B. Rejected <input type="checkbox"/> C. Award Amended <input type="checkbox"/> D. Deferred <input type="checkbox"/> E. Withdrawn <input type="checkbox"/> F. Date change (revision)		20. FUNDING															
		A. Federal		21. ACTION DATE													
		B. Applicant															
		C. State		22. STARTING DATE													
		D. Local															
		E. Other		23. ENDING DATE													
F. TOTAL																	