

SAMPLE WITH INSTITUTIONAL INFORMATION

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/></p>
<p>* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.</p>	<p>4. Applicant Identifier: <input type="text"/></p>	
<p>5a. Federal Entity Identifier: <input type="text"/></p>	<p>* 5b. Federal Award Identifier: <input type="text"/></p>	
State Use Only:		
<p>6. Date Received by State: <input type="text"/></p>	<p>7. State Application Identifier: <input type="text"/></p>	
8. APPLICANT INFORMATION:		
<p>* a. Legal Name: <input type="text"/> Bd of Regents of the Univ of Wis System for UW-Milwaukee</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 39-1805963</p>	<p>* c. Organizational DUNS: <input type="text"/> 627906399</p>	
d. Address:		
<p>* Street1: <input type="text"/> Office of Sponsored Programs</p> <p>Street2: <input type="text"/> P.O. Box 340</p> <p>* City: <input type="text"/> Milwaukee</p> <p>County: <input type="text"/></p> <p>* State: <input type="text"/> WI: Wisconsin</p> <p>Province: <input type="text"/></p> <p>* Country: <input type="text"/> USA: UNITED STATES</p> <p>* Zip / Postal Code: <input type="text"/> 53201-0340</p>		
e. Organizational Unit:		
<p>Department Name: <input type="text"/></p>	<p>Division Name: <input type="text"/></p>	
f. Name and contact information of person to be contacted on matters involving this application:		
<p>Prefix: <input type="text"/></p> <p>Middle Name: <input type="text"/> M</p> <p>* Last Name: <input type="text"/> Vanco</p> <p>Suffix: <input type="text"/></p>	<p>* First Name: <input type="text"/> Peggy</p>	
<p>Title: <input type="text"/> Director, Office of Sponsored Programs</p>		
Organizational Affiliation: <input type="text"/>		
<p>* Telephone Number: <input type="text"/> 414-229-4853</p>	<p>Fax Number: <input type="text"/> 414-229-5000</p>	
<p>* Email: <input type="text"/> grant-notice@uwm.edu</p>		

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9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Education

11. Catalog of Federal Assistance Number:

84.368

CFDA Title:

Grants for Enhanced Assessment Instruments

*** 12. Funding Opportunity Number:**

ED-GRANTS-031009-001

* Title:

Enhanced Assessment Instruments Grants Program CFDA .

10-13 AUTO-FILLED IN MOST APPLICATIONS

13. Competition Identification Number:

84-368A2009-1

Title:

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

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

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes No

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)

** 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.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: