

# FORM LRU 192

## APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION Preapplication <input type="checkbox"/> Construction      Application <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) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		7. TYPE OF APPLICANT (enter the appropriate letter in the box) <input type="checkbox"/>	
8. TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase award      C. Increase duration      Other(specify) B. Decrease award      D. Decrease duration		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal 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) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>		9. NAME OF FEDERAL AGENCY	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	End Date	A. Applicant	B. Project
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
A. Federal	\$	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.	
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		20. FUNDING	
<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		A. Federal	
		B. Applicant	
		C. State	
		D. Local	
		E. Other	
		F. TOTAL	
		21. ACTION DATE	
		22. STARTING DATE	
		23. ENDING DATE	