FORM LRU192

NOTICE OF APPLICATION FOR FEDERAL ASSISTANCE

	2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION Pre-Application ☐ Construction ☐ Non-construction Application ☐ Construction ☐ 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, state, and zip code)	**Name and telephone number (with area code) for the person to be contacted on matters involving this application.** **( )**
6. EMPLOYER IDENTIFICATION NUMBER (EIN): ☐☐-☐☐☐☐☐☐☐	7. TYPE OF APPLICANT: (enter the appropriate letter in the box) ☐ 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: ☐ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es): ☐ ☐ A. Increase award C. Increase request Other (specify) B. Decrease award D. Decrease request	9. NAME OF FEDERAL AGENCY
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA #) ☐☐.☐☐☐ 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	**Ending Date**	A. Applicant	B. Project

15. ESTIMATED FUNDING:	**($ REQUESTED)**
A. Federal	$ .00
B. State	$ .00
C. Local	$ .00
D. Other	$ .00
E. TOTAL	**$ .00**

16. IS APPLICATION SUBJECT TO REVIEW BY EXECUTIVE ORDER 12372 PROCESS?

A. Yes. This Preapplication/Application was made available to the Executive Order 12372 process for review on

Date_____

B. No. ☐ Program is not covered by Executive Order 12372.

☐ Program has not been selected for review.

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes. If "Yes," attach an explanation. ☐ 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:**	**($ AWARDED)**	**21. ACTION DATE**
☐ A. Awarded	A. Federal	$	
☐ B. Rejected	B. State	$	**22. START DATE**
☐ C. Returned for award amended (+/-)	C. Local	$	
☐ D. Deferred	D. Other	$	**23. ENDING DATE**
☐ E. Withdrawn	**E. TOTAL**	**$**	
☐ F. Date change (revision)			