

### Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**

- New  
 Continuation  
 Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

ABC Rural Health Clinic

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

93-142335

\* c. Organizational DUNS:

555213833

**d. Address:**

\* Street1:

1872 Main Street

Street2:

\* City:

Smith Valley

County/Parish:

\* State:

CO

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

12345

**e. Organizational Unit:**

Department Name:

Division Name:

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

\* First Name:

Chris

Middle Name:

\* Last Name:

Smith

Suffix:

Title:

Organizational Affiliation:

\* Telephone Number:

303-440-1592

Fax Number:

\* Email:

chris.smith@abc.org

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

New

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

HRSA

**11. Catalog of Federal Domestic Assistance Number:**

93.912

CFDA Title:

Rural Health Clinic Vaccine Confidence Program

**\* 12. Funding Opportunity Number:**

HRSA-21-142

\* Title:

Rural Health Clinic Vaccine Confidence Program

**13. Competition Identification Number:**

Title:

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

Alamosa County

Add Attachment

Delete Attachment

View Attachment

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

ABC Rural Health Clinic Vaccine Confidence Project for Smith Valley, Colorado

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant [redacted]

\* b. Program/Project [redacted]

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

see slide 28 for a look up link

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 7/1/2021

\* b. End Date: 6/30/2022

**18. Estimated Funding (\$):**

\* a. Federal 50,000  
\* b. Applicant [redacted]  
\* c. State [redacted]  
\* d. Local [redacted]  
\* e. Other [redacted]  
\* f. Program Income [redacted]  
\* g. TOTAL 50,000

**\* 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 [redacted].
- 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 in attachment.)**

Yes  No

If "Yes", provide explanation and attach

[redacted]

Add Attachment

Delete Attachment

View Attachment

**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: [redacted] \* First Name: Chris  
Middle Name: [redacted]  
\* Last Name: Smith  
Suffix: [redacted]

\* Title: Project Coordinator

\* Telephone Number: 303-440-1592 Fax Number: [redacted]

\* Email: chris.smith@abc.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.