

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED []	Applicant Identifier []
3. DATE RECEIVED BY STATE []	State Application Identifier []
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier []

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
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5. APPLICANT INFORMATION**Organizational Unit:**

* Legal Name: Marquette University	Department: []
* Organizational DUNS: 046929621	Division: []
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
* Street1: P.O. Box 1881	Prefix: [] * First Name: []
Street2: []	Middle Name: []
* City: Milwaukee County Milwaukee	* Last Name: []
* State: WI * Zip Code: 53201-1881 * Country: USA	Suffix: [] * Email: []
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 39-0806251	* Phone Number (give area code) [] Fax Number (give area code) []

8. TYPE OF APPLICATION:
 New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify): []

7. * TYPE OF APPLICANT: Private Institution of Higher Education

Other (specify) []

9. * NAME OF FEDERAL AGENCY: Auto-completed field
National Energy Technology Laboratory

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

81.057

TITLE: University Coal Research

Auto-completed field

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**12. * AREAS AFFECTED BY PROJECT**

(Cities, Counties, States, etc.):

13. * PROPOSED PROJECT:

* Start Date	* Ending Date
[]	[]

14. * CONGRESSIONAL DISTRICTS OF:

* a. Applicant	* b. Project
4	[]

15. * ESTIMATED FUNDING:

* a. Federal	\$ []
* b. Applicant	\$ []
* c. State	\$ []
* d. Local	\$ []
* e. Other	\$ []
* f. Program Income	\$ []
g. TOTAL	\$ [] 0.00

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

YES DATE Consult with ORSP
 PROGRAM IS NOT COVERED BY E.O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE 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 APPLICATION/PREAPPLICATION 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. Authorized Representative	Prefix: Dr. * First Name: Erik Middle Name: A.
	* Last Name: Thelen Suffix: []
* b. Title: Executive Director, ORSP	* c. Telephone Number (give area code): 414-288-7200
* Email: erik.thelen@marquette.edu	Fax Number (give area code): 414-288-1578
d. Signature of Authorized Representative: Completed on submission to Grants.gov	e. Date Signed: Completed on submission to Grants.gov