

APPLICATION FOR FEDERAL ASSISTANCE  
**SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>2. DATE SUBMITTED</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>State Application Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>Applicant Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>4. a. Federal Identifier</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>5. APPLICANT INFORMATION</b>		<b>b. Agency Routing Number</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
* Legal Name: <u>Marquette University</u> Department: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Division: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> * Street1: <u>P.O. Box 1881</u> Street2: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> * City: <u>Milwaukee</u> County / Parish: <u>Milwaukee</u> * State: <u>WI: Wisconsin</u> Province: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> * Country: <u>USA: UNITED STATES</u> * ZIP / Postal Code: <u>53201-1881</u>		* Organizational DUNS: <u>046929621</u>	
Person to be contacted on matters involving this application Prefix: <div style="border: 1px solid black; width: 50px; height: 15px;"></div> * First Name: <u>Keith</u> Middle Name: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> * Last Name: <u>Osterhage</u> Suffix: <div style="border: 1px solid black; width: 80px; height: 15px;"></div> * Phone Number: <u>414-288-7200</u> Fax Number: <u>414-288-1578</u> Email: <u>keith.osterhage@marquette.edu</u>			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> <u>390806251</u>			
<b>7. * TYPE OF APPLICANT:</b> <u>O: Private Institution</u> Please select one of the following Other (Specify): <div style="border: 1px solid black; width: 200px; height: 15px;"></div> Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): <div style="border: 1px solid black; width: 200px; height: 15px;"></div>	
* Is this application being submitted to other agencies?   Yes <input type="checkbox"/> No <input type="checkbox"/> What other Agencies? <div style="border: 1px solid black; width: 150px; height: 15px;"></div>			
<b>9. * NAME OF FEDERAL AGENCY:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
<b>12. PROPOSED PROJECT:</b> * Start Date: <div style="border: 1px solid black; width: 50px; height: 15px;"></div> * Ending Date: <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT</b> <u>WI-004</u>	
<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: <div style="border: 1px solid black; width: 50px; height: 15px;"></div> * First Name: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Middle Name: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> * Last Name: <div style="border: 1px solid black; width: 200px; height: 15px;"></div> Suffix: <div style="border: 1px solid black; width: 80px; height: 15px;"></div> Position/Title: <div style="border: 1px solid black; width: 200px; height: 15px;"></div> * Organization Name: <div style="border: 1px solid black; width: 250px; height: 15px;"></div> Department: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Division: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> * Street1: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Street2: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> * City: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> County / Parish: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> * State: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Province: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> * Country: <u>USA: UNITED STATES</u> * ZIP / Postal Code: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> * Phone Number: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> Fax Number: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> * Email: <div style="border: 1px solid black; width: 200px; height: 15px;"></div>			

<b>15. ESTIMATED PROJECT FUNDING</b>  a. Total Federal Funds Requested <input style="width: 150px;" type="text"/> b. Total Non-Federal Funds <input style="width: 150px;" type="text"/> c. Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/> d. Estimated Program Income <input style="width: 150px;" type="text"/>	<b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text"/>  b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<b>17. 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 18, Section 1001)</b>  <input checked="" type="checkbox"/> * I agree  <small>* 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.</small>	
<b>18. SFLLL or other Explanatory Documentation</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="text-align: right;"><input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></div>	
<b>19. Authorized Representative</b> <div style="display: flex; justify-content: space-between;"><div>Prefix: <input style="width: 80px;" type="text"/></div><div>* First Name: <input style="width: 250px;" type="text" value="Keith"/></div><div>Middle Name: <input style="width: 180px;" type="text"/></div></div> <div style="display: flex; justify-content: space-between;"><div>* Last Name: <input style="width: 400px;" type="text" value="Osterhage"/></div><div>Suffix: <input style="width: 100px;" type="text"/></div></div> <div>* Position/Title: <input style="width: 300px;" type="text" value="Executive Director"/></div> <div>* Organization: <input style="width: 400px;" type="text" value="Marquette University"/></div> <div style="display: flex; justify-content: space-between;"><div>Department: <input style="width: 200px;" type="text" value="Research &amp; Sponsored Progs"/></div><div>Division: <input style="width: 200px;" type="text" value="Graduate School"/></div></div> <div>* Street1: <input style="width: 350px;" type="text" value="P.O. Box 1881"/></div> <div>Street2: <input style="width: 350px;" type="text"/></div> <div style="display: flex; justify-content: space-between;"><div>* City: <input style="width: 250px;" type="text" value="Milwaukee"/></div><div>County / Parish: <input style="width: 200px;" type="text" value="Milwaukee"/></div></div> <div>* State: <input style="width: 250px;" type="text" value="WI: Wisconsin"/></div> <div>Province: <input style="width: 150px;" type="text"/></div> <div style="display: flex; justify-content: space-between;"><div>* Country: <input style="width: 300px;" type="text" value="USA: UNITED STATES"/></div><div>* ZIP / Postal Code: <input style="width: 150px;" type="text" value="53201-1881"/></div></div> <div style="display: flex; justify-content: space-between;"><div>* Phone Number: <input style="width: 150px;" type="text" value="414-288-7200"/></div><div>Fax Number: <input style="width: 150px;" type="text" value="414-288-1578"/></div></div> <div>* Email: <input style="width: 350px;" type="text" value="keith.osterhage@marquette.edu"/></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>* Signature of Authorized Representative</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div><div style="text-align: center; font-size: small;">Completed on submission to Grants.gov</div></div><div style="width: 45%;"><b>* Date Signed</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div><div style="text-align: center; font-size: small;">Completed on submission to Grants.gov</div></div></div>	
<b>20. Pre-application</b> <input style="width: 250px;" type="text"/> <div style="text-align: right;"><input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></div>	