

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:

Louisiana State University and A&M College

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

726000848

* c. Organizational DUNS:

0750507650000

d. Address:

* Street1:

202 Himes Hall

Street2:

* City:

Baton Rouge

County/Parish:

* State:

LA: Louisiana

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

70803-0001

e. Organizational Unit:

Department Name:

Office of Sponsored Programs

Division Name:

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

Prefix:

Dr.

* First Name:

PI First Name

Middle Name:

* Last Name:

PI Last Name

Suffix:

Title: PI Position

Organizational Affiliation:

* Telephone Number:

PI Phone Number

Fax Number:

* Email:

PI_Email@lsu.edu

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.417

CFDA Title:

Sea Grant Support

*** 12. Funding Opportunity Number:**

NOAA-OAR-SG-2018-2005532

* Title:

Travel Supplement for 2018 Knauss Fellows

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

This is the official title of the proposal (check your RFP to see if there are any character limits).

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	7,500.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	7,500.00

See FOA requirements. For EPA, if applicable answer "yes". For non-EPA, if applicable, answer "No-Program has not been selected..." If not applicable, answer "No-Program is No Covered..."

*** 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
- 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

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:	Mrs.	* First Name:	Darya
Middle Name:			
* Last Name:	Courville		
Suffix:			
* Title:	Executive Director		

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: