

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> 07/29/2015	<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Jefferson County Public Service District		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 550662529201	<b>* c. Organizational DUNS:</b> 8294566100000	
<b>d. Address:</b>		
<b>* Street1:</b> 340 Edmond Road, Suite A	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Kearneysville	_____	
<b>County/Parish:</b> Jefferson	_____	
<b>* State:</b> WV: West Virginia	_____	
<b>Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 25430	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> _____	<b>Division Name:</b> _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Ms.	<b>* First Name:</b> Jennifer	_____
<b>Middle Name:</b> L	_____	
<b>* Last Name:</b> O'Brien	_____	
<b>Suffix:</b>	_____	
<b>Title:</b> Assistant Director		
<b>Organizational Affiliation:</b> Eastern Panhandle Regional Planning and Development Council		
<b>* Telephone Number:</b> 3042631743	<b>Fax Number:</b> _____	
<b>* Email:</b> jobrien@region9wv.com		

**Application for Federal Assistance SF-424**

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:  
[Empty field]

Type of Applicant 3: Select Applicant Type:  
[Empty field]

\* Other (specify):  
[Empty field]

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

United States Department of Agriculture

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

[Empty field]

CFDA Title:  
[Empty field]

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

10.760

\* Title:  
Water and Waste Disposal Loan and Grant Program

**13. Competition Identification Number:**

[Empty field]

Title:  
[Empty field]

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

[Empty field]

Add Attachment

Delete Attachment

View Attachment

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

Jefferson County Public Service District Sewer Transmission Upgrade Project

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.

**17. Proposed Project:**  
\* a. Start Date:  \* b. End Date:

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

* a. Federal	<input type="text" value="3,575,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="3,575,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="7,150,000.00"/>

**\* 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

**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:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:

\* Signature of Authorized Representative:  \* Date Signed: