

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

1. \* TYPE OF SUBMISSION

Pre-application  Application  
 Changed/Corrected Application

5. APPLICANT INFORMATION

\* Legal Name: Mississippi State University

\* Organizational DUNS: 075461814

Department: Sponsored Programs Admin Division:

\* Street1: 133 Etheredge Hall Street2: Hardy Road

\* City: Mississippi State County: Oktibbeha \* State: MS: Missis

Province: \* Country: UNITED ST \* ZIP / Postal Code: 39762

Person to be contacted on matters involving this application

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Jennifer McCallister

\* Phone Number: 662-325-3216 Fax Number: 662-325-3803 Email: jmccallister@spa.msstate.edu

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

64-6000819

7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION:  New

Resubmission  Renewal  Continuation  Revision

Other (Specify):

Small Business Organization Type

Women Owned  Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

A. Increase Award  B. Decrease Award  C. Increase Duration

D. Decrease Duration  E. Other (specify):

9. \* NAME OF FEDERAL AGENCY:

\* Is this application being submitted to other agencies? Yes  No

What other Agencies?

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

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 MS-003 b. \* Project MS-003

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Dr. \* Organization Name: Mississippi State University

Department: Division:

\* Street1: Street2:

\* City: Starkville County: Oktibbeha \* State: MS: Missis

Province: \* Country: UNITED ST \* ZIP / Postal Code: 39762

\* Phone Number: 662-325- Fax Number: 662-325- \* Email:

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: _____</p> <p>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</p>
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18. 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)

\* 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.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:

Province:  \* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative** **\* Date Signed**  
 \_\_\_\_\_ Completed on submission to Grants.gov \_\_\_\_\_ Completed on submission to Grants.gov

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**