SF-424 OMB Approval No. 0348-0043

Application for Federal Assistance

2. Date Submitted

Applicant Identifier

1. Type of Submission

Application Preapplication
Construction Construction
X Non-Construction Non-Construction

3. Date Received by State

State Application Identifier

4. Date Rec'd by Fed. Agency

Federal Identifier

5. Applicant Information

Legal Name

Organizational Unit:

Address (including City/County/State/Zip):

Name/phone/email of person to be contacted regarding application:

6. Employer Identificatin Number (EIN):

7. Type of Applicant (enter appropriate code): _____

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Inst. Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (specify) _____

8. Type of Application

_X_ New ___Continuation ___ Revision

9. Name of Federal Agency:

U.S. Department of Commerce

10. Catalog of Fed. Domestic Assistance Numbe

Market Development Cooperator Program 11-112

12. Areas Affected by Project **(industry/markets)**

11. Descriptive Title of Applicant's Project:

13. Proposed Project

Start Date Ending Dat

14. Congressional Districts of:

a. Applicant b. Project

15. Estimated Funding:

a. Federal
b. Applicant
c. State
d. Local
e. Other
f. Program Income
g. TOTAL

16. Is Application Subject to Review by State Executive Order 12372 Process?

a. Yes. This application was made available to the State Executive Order 12372 process for review on:
Date: _____
b. No. _X_ Program is not covered by E.O. 12372.
___ Or, program has not been selected by state for review.

17. Is Applicant Delinqent 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 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. Type Name of Authorized Representative

b. Title

c. Telephone Number/Email:

d. Signature of Authorized Representative

e. Date Signed

Standard Form 424 (Rev. 7-97)

Do not fill-in shaded areas.

Prescribed by OMB Circular A-102