

## PDM Competitive Grant Application

- \* **Application Title:**
- \* **Application Number:**
- \* **Application Year:**
- \* **Grant Type:** [PDM Competitive Grant Application](#)
- \* **Address:**

### Applicant Information

- \* Name of Applicant
- \* State
- Congressional District

- \* Type of Applicant

- State Government
- Local Government
- Indian Tribal Government
- Special Governmental District
- Private Non-Profit
- Other

If Private Non-Profit,

Legal status, function, and facilities owned:

State Tax Number: (e.g. 11-111111)

Federal Tax Number: (e.g. 11-111111)

If Other, please specify:

- \* Federal Employer Identification Number (EIN). If Indian Tribe, this is Tribal Identification Number.

- \* What is your DUNS Number?

- \* Are you the application preparer?  Yes  No

- \* Does your organization have a Smartlink account?  Yes  No

- \* Is the application preparer the Point of Contact?  Yes  No

- \* Is application subject to review by Executive Order 12372 Process?

Yes.  This preapplication/application was made available to the Executive Order 12372 Process for review on:

No.  Program is not covered by E.O. 12372  
 Or program has not been selected by state for review

- \* Is the applicant delinquent on any Federal debt?  Yes  No

Explanation:

### Contact Information

Point of Contact Information

Title  Mr.  
 Ms.  
 Mrs.  
 Dr.

\* First Name  
 Middle Initial  
 \* Last Name  
 Title  
 \* Agency/Organization  
 \* Address 1  
 Address 2  
 \* City  
 \* State  
 \* ZIP  
 \* Phone  
 Fax  
 \* Email

Alternate Point of Contact Information

Title  Mr.  
 Ms.  
 Mrs.  
 Dr.

First Name  
 Middle Initial  
 Last Name  
 Title  
 Agency/Organization  
 Address 1  
 Address 2  
 City  
 State  
 ZIP  
 Phone  
 Fax  
 Email

Subgrant Applications

Rank	Application Number	Application Title	Name	Non-Federal Share	Federal Share	Federal Share %
------	--------------------	-------------------	------	-------------------	---------------	-----------------

	Schedule	
Subgrant Applicant	Total Duration	Unit of Time

Title of your proposed activity

Proposed Period of Performance

Overall duration of the grant

Unit of Time

- Day(s)
- Week(s)
- Month(s)
- Year(s)

Budget

File Name

Date Attached

Subgrant Applicant

Requested Amount

Total

\$

Properties

Property Owner's Name

Address

City

State

Zip Code

Repetitive  
Loss

Application  
Number

Assurances and Certifications

Forms

Status

Part I.A.: Assurances **Non-Construction** Programs.

Incomplete/Complete

Not Applicable

Part I.B.: Assurances **Construction** Programs.

Incomplete/Complete

Not Applicable

Part II: Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.

Incomplete/Complete

Part III: Disclosure of Lobbying Activities (**Complete only if applying for a grant of more than \$100,000 and have lobbying activities using Non-Federal funds. See Form 20-16C for lobbying activities definition.**)

Incomplete/Complete

Not Applicable

Assurances-Non-Construction Programs

Attachments

I, \_\_\_\_\_, hereby sign this form as of \_\_\_\_\_.

Assurances-Construction Programs

Attachments

I, \_\_\_\_\_, hereby sign this form as of \_\_\_\_\_.

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.

Attachments

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a Statewide certification.

I, \_\_\_\_\_, hereby sign this form as of \_\_\_\_\_.

**Disclosure of Lobbying Activities**

Attachments

I, \_\_\_\_\_, hereby sign this form as of \_\_\_\_\_.