

## Application for Blue Skyways Collaborative/CenSARA Request for Proposals

1. Type of Submission:

- Application
- Changed/Corrected Application

2. Date Received:

3. APPLICANT INFORMATION

a. Legal Name:

b. Address:

Street 1	<input type="text"/>
Street 2	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
State	<input type="text"/>
Zip/Postal Code	<input type="text"/>

c. Organizational Unit

Department Name:

Division Name:

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

Prefix:	<input type="text"/>
First Name:	<input type="text"/>
Last Name	<input type="text"/>
Suffix:	<input type="text"/>
Title:	<input type="text"/>
Organizational Affiliation:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>

4. Competition Identification

Name of Competition:

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

[Redacted area]

6. Descriptive Title of Applicant's Project:

[Redacted area]

7. Proposed Project

a. Start Date:

b. End Date

[Redacted area]

[Redacted area]

8. Estimated Funding (\$)

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

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

9. By signing this application, I certify (1) to the statements contained in the list of certification 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 be subject me to criminal, civil, or administrative penalties. (US Code, Title 218, Section 1001)

I AGREE

Authorized Representative

Prefix: [Redacted]  
 First Name: [Redacted]  
 Last Name: [Redacted]  
 Suffix: [Redacted]  
 Title: [Redacted]  
 Phone: [Redacted]  
 Fax: [Redacted]  
 Email: [Redacted]

Signature of Authorized Representative:

Date Signed:

[Redacted area]

[Redacted area]

INSTRUCTIONS FOR THE BLUE SKYWAYS COLLABORATIVE/CENSARA APPLICATION FORM

Item:	Entry:	Item:	Entry:
1.	<p><b>Type of Submission</b></p> <ul style="list-style-type: none"> <li>• Application</li> <li>• Changed/Corrected Application – If requested by CenSARA/Blue Skyways, check if this submission is to change or correct a previously submitted application. Unless requested by CenSARA/Blue Skyways Collaborative, applicants may not use this to submit changes after the closing date.</li> </ul>	4.	<p><b>Competition Identifier:</b> Enter the name of the competition.</p>
2.	<p><b>Date Received:</b> Leave this field blank. This date will be assigned by CenSARA/Blue Skyways Collaborative.</p>	5.	<p><b>Areas Affected By Project:</b> List the areas or entities using cities, counties, states, etc.</p>
3.	<p><b>Application Information</b> Enter the following:</p> <p>a. <b>Legal Name:</b> Enter the legal name of application that will undertake the assistance activity.</p>	6.	<p><b>Descriptive Title of Applicant's Project:</b> Enter a brief descriptive title for the project.</p>
	<p>b. <b>Address:</b> Enter the complete address as follows: Street address, City, County, State, Zip/Postal Code.</p>	7.	<p><b>Proposed Project Start and End Dates:</b> Enter the proposed start date and end date of the project.</p>
	<p>c. <b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.</p>	8.	<p><b>Estimated Funding:</b> Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar charge to an existing award, indicate only the amount of the charge. For decreases, enclose the amounts in parentheses.</p>
	<p>d. <b>Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organization affiliation (if affiliated with an organization other than the application organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	9.	<p><b>Authorized Representative:</b> To be signed and dated by the authorized representative of the applicant organization. Enter the name, title, telephone number, fax number, and email address of the person authorized to sign for the applicant.</p>