

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): [] * Other (Specify) []
---	---	---

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: []
--	--

5a. Federal Entity Identifier: []	* 5b. Federal Award Identifier: []
--	---

State Use Only:

6. Date Received by State: []	7. State Application Identifier: []
---------------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: Lewis-Clark State College

* b. Employer/Taxpayer Identification Number (EIN/TIN): 82-6000935	* c. Organizational DUNS: 076630623
--	---

d. Address:

* Street1: 500 8th Avenue
Street2: []
* City: Lewiston
County: []
* State: ID: Idaho
Province: []
* Country: USA: UNITED STATES
* Zip / Postal Code: 83501

e. Organizational Unit:

Department Name: Lewis-Clark State College	Division Name: Education
--	------------------------------------

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

Prefix: Mr.	* First Name: Chet
Middle Name: []	
* Last Name: Herbst	
Suffix: []	

Title: V P for Finance and Administration
--

Organizational Affiliation: []

* Telephone Number: 208-792-2240	Fax Number: []
---	------------------------

* Email: cgherbst@lcsc.edu
