

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		A, C	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision		A, C	
*3. Date Received: July 1, 2010			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier: 37-50-M09002		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Rural Economic Development Center, Inc.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 56-1552375			*c. Organizational DUNS: 08-530-0486		
d. Address:					
*Street1: 4021 Carya Drive					
Street 2:					
*City: Raleigh					
County:					
*State: North Carolina					
Province:					
Country:					
*Zip/ Postal Code: 27610					
e. Organizational Unit:					
Department Name:			Division Name: e-NC Authority		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Jane			
Middle Name: Smith					
*Last Name: Patterson					
Suffix:					
Title: Executive Director, e-NC Authority					
Organizational Affiliation:					
*Telephone Number: 919-250-4314			Fax Number: 919-250-4325		
*Email: jpatterson@e-NC.org					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U. S. Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.558

CFDA Title:

American Recovery and Reinvestment Act - SBDD - Rural Economic Development Center, Inc.

*12. Funding Opportunity Number: 0660-ZA29

*Title: Recovery Act - State Broadband Data and Development Grant Program

13. Competition Identification Number:

Title:

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

All of North Carolina's 100 counties

*15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 13

*b. Program/Project: NC-all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 10/7/2009

*b. End Date: 10/7/2014

18. Estimated Funding (\$):

*a. Federal \$4,731,802.00

*b. Applicant \$784,580.00

*c. State

*d. Local

\$400,000.00

*e. Other

*f. Program Income

*g. TOTAL \$5,916,382.00

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes
- No

21. *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 218, 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.

Authorized Representative:

Prefix: Ms.

*First Name: Susan

Middle Name: Ellis

*Last Name: Dunn

Suffix:

*Title: VP, Finance and Administration

*Telephone Number: 919-250-4314

Fax Number: 919-250-4325

*Email: sdunn@ncruralcenter.org

*Signature of Authorized Representative: *Susan E. Dunn* Date Signed: July 1, 2010