OMB Number: 4040-0004 Expiration Date: 8/31/2016

Application for l	Federal Assista	nce SF	-424						
* 1. Type of Submissi Preapplication Application Changed/Corre	ion: ected Application	⊠ Ne	ew .	* If Revis	on, select appro	priate letter(s):		
* 3. Date Received:		4. Appli	cant Identifier:						
				T					
5a, Federal Entity Identifier:			5b. Fe	ederal Award Ide	entifier:				
State Use Only:			<u></u>						
6. Date Received by	State:		7. State Application	Identifier	: [
8. APPLICANT INFO	ORMATION:								
* a. Legal Name:	ity of Tupelo,	Missi	ssippi						
* b. Employer/Taxpay	er Identification Nur	nber (EIN	I/TIN):	* c. O	rganizational DI	UNS:			
64-6001140									
d. Address:									
* Street1: Street2: * City:	71 Troy Stree	t					1		
County/Parish:	Тирето					1			
* State:	MS: Mississippi								
Province:									
* Country:				US	A: UNITED S	STATES			
* Zip / Postal Code:	38804-4747								
e. Organizational Unit:									
Department Name:				Divisi	on Name:				
f. Name and contac	ct information of p	erson to	be contacted on m	atters in	volving this a	pplication:			
Prefix: Mr. Middle Name:			* First Name	e: De	ennis				
* Last Name: Bon	ds								
Suffix:									
Title: City Engir	neer								
Organizational Affiliat	tion:								
City of Tupelo									
* Telephone Number	: (662)871-823	1			Fax Numl	ber:			
*Email: dennis.k	oonds@tupeloms	.gov							

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
C: City or Township Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
USDA, Natural Resources Conservation Service
11. Catalog of Federal Domestic Assistance Number:
10.923
CFDA Title:
Emergency Watershed Protection Program
* 12. Funding Opportunity Number:
* Title:
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Eason Boulevard Bridge - stabilize stream bank under bridge with grouted rock rip-rap.
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424						
16. Congressional Districts Of:						
* a. Applicant	1			* b. Pro	gram/Project 1	
Attach an addition	onal list of Program/Project Co	ongressional Distric	ts if needed.			
			Add Attachmen	Delete .	Attachment View	w Attachment
17. Proposed I	Project:					
* a. Start Date:				*	b. End Date:	
18. Estimated	-unding (\$):					
* a, Federal		516,272.63				
* b. Applicant						
* c. State						
* d. Local		156,446.25				
* e. Other						
* f. Program Inc	ome					
* g. TOTAL		672,718.88				
* 19. ls Applica	tion Subject to Review By	State Under Exe	cutive Order 12372	Process?		
a, This app	lication was made available	e to the State und	er the Executive O	der 12372 Pro	cess for review on	
	is subject to E.O. 12372 b					
	is not covered by E.O. 123		•			
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No						
If "Yes", provid	e explanation and attach					
L			Add Attachmen	Delete	Attachment View	w Attachment
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)						
** 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:	Mr.	* Firs	st Name: Jason			
Middle Name:						
* Last Name:	Shelton					
Suffix:						
*Title: Mayor, City of Tupelo						
* Telephone Number: (662) 841-6565 Fax Number:						
*Email: jason.shelton@tupeloms.gov						
* Signature of A	uthorized Representative:					* Date Signed: