

Application for Federal Assistance

2. DATE SUBMITTED March 20, 2001	Application Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:
Application

Construction Construction
 Non-Construction Non-Construction

5. APPLICANT INFORMATION

Legal Name <Organization Name>	Organizational Unit <department, division, etc.>
Address (give city, county, state, and zip code) <street address> <city, state, zip> <county>	Name and telephone number of the person to be contacted on matters involving this application (give area code) <contact name> <telephone number> <FAX number> <email address>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

1	2	3	4	5	6	7	8	9
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7. TYPE OF APPLICANT: (Enter appropriate letter in box) N

A. State	H. Independent School District
B. County	I. State Controlled Institution of Higher Education
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (specify) <u>Non-profit</u>

8. TYPE OF APPLICATION:

New Continuation Revision

If revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration E. Other (specify):

9. NAME OF FEDERAL AGENCY:
National Telecommunications and Information Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11,552

TITLE: Technology Opportunities Program (TOP)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
<names of cities, counties, etc.>

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
"The City On-Line Project"

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING:

a. Federal	\$	84,062.00
b. Applicant	\$	46,531.00
c. State	\$.00
d. Local	\$.00
e. Other	\$	44,100.00
f. Program Income	\$.00
g. TOTAL	\$	174,693.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE March 20, 2001

b. NO PROGRAM IS NOT COVERED BY E.O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
9 Yes If "Yes," attach an explanation NO :

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative <authorized representative's name>	b. Title <title>	c. Telephone Number xxx-xxx-xxxx
d. Signature of Authorized Representative <authorized representative's signature>		e. Date Signed March 20, 2001