

# Corrections

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This section of the FEDERAL REGISTER contains editorial corrections of previously published Presidential, Rule, Proposed Rule, and Notice documents. These corrections are prepared by the Office of the Federal Register. Agency prepared corrections are issued as signed documents and appear in the appropriate document categories elsewhere in the issue.

## DEPARTMENT OF AGRICULTURE

### Forest Service

#### Moira Environmental Impact Statement

##### Correction

In notice document 98-16222 beginning on page 33317, in the issue of Thursday, June 18, 1998, in the second

column, in the ninth line from the bottom, "435" should read "45".

BILLING CODE 1505-01-D

## FEDERAL MARITIME COMMISSION

### [Docket No. 98-08]

#### Kin Bridge Express Inc. and Kin Bridge Express (U.S.A) Inc.—Possible Violations of Sections 8, 10(a)(1), 10(b)(1) and 23 of the Shipping Act of 1984; Order of Investigation and Hearing

##### Correction

In notice document 98-17141, beginning on page 35228, in the issue of Monday, June 29, 1998, the docket number should appear as set forth above.

BILLING CODE 1505-01-D

## DEPARTMENT OF EDUCATION

[CFDA Nos.: 84.133F, 84.133G, and 84.133P]

### Office of Special Education and Rehabilitative Services; National Institute on Disability and Rehabilitation Research; Notice Inviting Applications for New Awards Under Certain Programs for Fiscal Year 1999

##### Correction

In notice document 98-16180, beginning on page 33500, in the issue of Thursday, June 18, 1998, the instructions for SF 424 that appear on page 33507 are republished and the application form SF 424 should be added after page 33506 to read as follows:

BILLING CODE 1505-01-D

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b>		Application Identifier	
<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication: <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction		<b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	
				State Application Identifier	
				Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name:			Organizational Unit:		
Address (Give city, county, state, and zip code):			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
6. Employer Identification Number: ____ - ____			<b>7. TYPE OF APPLICATION:</b> (enter appropriate letter here) <input type="checkbox"/> A. State      F. Intermunicipal      K. Indian tribe B. County      G. Special District      L. Individual C. Municipal      H. Independent School Dist.      M. Profit Org. D. Township      I. State Cont. 1 of III      N. Other (Specify) E. Interstate      J. Private University		
<b>8. TYPE OF APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) here: <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award C. Increase Duration      D. Decrease Duration Other (specify)					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84. Title:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date:	Ending Date:	a. Applicant:		b. Project:	
15. ESTIMATED FUNDING		16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES <input type="checkbox"/> THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE ____  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$ ____ .00				
b. Applicant	\$ ____ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input type="checkbox"/> No			
c. State	\$ ____ .00				
d. Local	\$ ____ .00				
e. Other	\$ ____ .00				
f. Program Income	\$ ____ .00				
g. TOTAL	\$ ____ .00				
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			b. Title:		c. Telephone Number:
d. Signature of Authorized Representative					e. Date Signed

## INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Self-explanatory.	11.	Enter a brief descriptive title of the project, if more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) & applicants control number (if applicable).	12.	List the State and area (county, city, etc.) the applicant is applying to serve with this application.
3.	State use only (if applicable).	13.	Self-explanatory.
4.	If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project.
5.	Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matter related to this application.	15.	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 change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Enter the appropriate letter in the space provided.	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Check appropriate box and enter appropriate letter(s) in the space(s) provided:  - "New" means a new assistance award.  - "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.  - "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application).
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

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