

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____	
3. Date Received:		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: Supreme Court of Georgia			
*b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1165633		*c. Organizational DUNS: 1552965800000	
d. Address:			
*Street 1: 224 Washington St. SW			
Street 2: _____			
*City: Atlanta			
County: Douglas			
*State: GA			
Province: _____			
*Country: USA			
*Zip / Postal Code: 30334			
e. Organizational Unit:			
Department Name: Administrative Office of the Courts		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: _____		*First Name: Jane _____	
Middle Name: _____			
*Last Name: Martin			
Suffix: _____			
Title: Director of Grants Administration			
Organizational Affiliation:			
*Telephone Number: 404-463-4266		Fax Number: 404-651-6449	
*Email: martinjh@gaaoc.us			