







1. Type of Submission: Prespiciation New Other (Speady)		 					Expiration Date: 01/31/2009	
Preapplication New New Other (Spacey)			nce S	F-424			Version 02	
Application Continuation Continuation Chere (Specify)			* 2. Ty	pe of Application:	* If Revi	sion, select appropriate letter(s):		
Changed/Corrected Application Revision 1. Date Received: (SPIZEZOS) 1. Applicant Identifier: 5. Federal Entity Identifier: 5. Federal Entity Identifier: 5. Federal Entity Identifier: 5. Date Received by State 5. Date Received by State 7. State Application Identifier: 8. APPLICANT INFORMATION: 1. Legal Name: Xashington State Department of Information Services (DIS) 1. Legal Name: Xashington State Department of Information Services (DIS) 1. Employed Traceyer Identification Number (EIN/TIN): 1. Legal Name: Xashington State Department of Information Services (DIS) 1. Cognizational DUNS: 1. State Application Identifier: 1. State Application Identifier:	Preapplication			lew				
*3. Date Received	Application			continuation	* Other	Specify)		
So. Federal Entity Identifier: State Use Only: 6. Date Raceived by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: * a. Legal Name: Mashington State Department of Information Services (DIS) * b. Employerflaxpayer Identification Number (EINTIN): 1-1-376273 6. Address: * Street: 1110 Jefferson Street SE Street: 90 Box 42445 Clay: 101ympia County: Thurston State: WA: Washington Province: County: County: County: County: County: County: County: County: Division Name: Division Name: Director's Office Name and contact information of person to be contacted on matters involving this application: * First Name: Last Na	Changed/Corrected Application		□R	tevision				
5a. Federal Entity Identifier: State Use Only:	* 3. Date Received:		4. App	licant Identifier:				
State Use Only: 6. Date Received by State:	08/12/2009							
State Use Only: 6. Date Received by State:	5a. Federal Entity Id	lentifier:			1.5			
8. APPLICANT INFORMATION: * a Legal Name:				 	1 55.	rederal Award Identifier:		
8. APPLICANT INFORMATION: * a Legal Name:	C4-4 11 0 1							
8. APPLICANT INFORMATION: * a Legal Name: Washington State Department of Information Services (DIS) * b. Employer/Taxpayor Identification Number (EIN/TIN):								
*a. Legal Name: Mashington State Department of Information Services (DIS) *b. Employe/Taxpayer Identification Number (EIN/TIN): *c. Organizational DUNS:	6. Date Received by	State:		7. State Application	ı Identifiei	:		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 91-1376273 d. Address: *Street1:	8. APPLICANT INF	ORMATION:						
* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-1376273 d. Address: * Street1:	* a. Legal Name: W	ashington State	Depa	rtment of Info	rmation	Services (DIS)		
### Street: 1110 Jefferson Street SE								
d. Address: *Streel1: 1110 Jefferson Street SE Streel2: PO Box 42445 *Cluy: Olympia County: Thurston *State: WA: Washington Province: USA: UNITED STATES *County: USA: UNITED STATES *Organizational Unit: *Department Name: Division Name: Division Name:					J			
Street2: PO Box 42445 *City: Olympia County: Thurston *State: WA: Washington Province: USA: UNITED STATES Zip / Postal Code: 98504-2445 ### Postal Code: 98504-2445 ### Postal Code: Olympia ### Postal Code: 98504-2445 ### Postal Code: 98504	d. Address:				[5550			
Street2: PC Box 42445 **City: Olympia County: Thurston State: WA: Washington Province: USA: UNITED STATES Zip / Postal Code: 98504-2445 **Department Name: Director's Office **Name and contact information of person to be contacted on matters involving this application: **Teffix: Ms. 'First Name: Angela **Iddle Name: Wu **Uffix: Uffix: Uffix: Image: William of the state of	* Street1:	1110 Tofforson	0.5		<u> </u>			
**City: olympia County: Thurston *State: WA: Washington Province: USA: UNITED STATES **Country: USA: UNITED STATES **Country: Olympia **Country: USA: UNITED STATES **Country: Olympia **Country: USA: UNITED STATES **Country: Olympia **Country: USA: UNITED STATES **Country: USA: UNITED STATES **Country: Olympia **Country: USA: UNITED STATES **Country: USA: UNITED STATES **Country: Olympia **Country: USA: UNITED STATES **Country: Olympia **Country: USA: UNITED STATES **Country: USA: USA: UNITED STATES **Coun								
County: Thurston *State: WA: Washington Province: USA: UNITED STATES *Country: USA: UNITED STATES *Province Province Proposed Code: P8504-2445 *Province Province Provinc	* City:							
*State: WA: Washington Province: USA: UNITED STATES Zip / Postal Code: 98504-2445 e. Organizational Unit: Department Name: Division Name: Division Name: Division Name: Division Name: Division Name: Price Ws. *First Name: Angela Angela Itle: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733					<u> </u>			
Province: Country: USA: UNITED STATES Zip / Postal Code: 98504-2445 Division Name: Director's Office Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. First Name: Angela Angela Itilitie: Broadband Program Manager riganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733	* State:	Indiscon	===					
CSA: UNITED STATES 98504-2445 a. Organizational Unit: Department Name: Division Name: Director's Office Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Angela Angela Itilitic: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733	Province:		=		- V	A: Washington		
Postal Code: 98504-2445 Division Name: Division Name: Director's Office Name and contact information of person to be contacted on matters involving this application: Pefix: Ms. 'First Name: Angela Angela Itide: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733	* Country:							
Division Name: Division Name: Director's Office Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. * First Name: Angela Angela Ididle Name: Last Name: Wu uffix: Ifle: Broadband Program Manager Preganizational Affiliation: Felephone Number: 360-902-2983 Fax Number: 360-664-0733	* Zip / Postal Code:	98504-2445			USA	: UNITED STATES		
Division Name: Division Name: Director's Office Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. * First Name: Angela Middle Name: Uuffix: Wu utfix: Ittle: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733								
Director's Office Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. * First Name: Angela Middle Name: Wu Uffix: Will Itle: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733					T			
Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. * First Name: Angela Middle Name: Wu uffix: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733								
Prefix: Ms. *First Name: Angela Middle Name: Wu Last Name: Wu utfix: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733								
Middle Name: Last Name: Wu uffix: itle: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733		information of pers	on to b	e contacted on ma	tters inv	olving this application:		
Last Name: Wu uffix: itle: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733				* First Name:	Ang	ela		
uffix: itle: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733	<u></u>							
itle: Broadband Program Manager rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733				-				
rganizational Affiliation: Telephone Number: 360-902-2983 Fax Number: 360-664-0733	Suffix:							
Telephone Number: 360-902-2983 Fax Number: 360-664-0733	itle: Broadband P	rogram Manager						
Tax Nulliber. 360-664-0733	Organizational Affiliation	n:						
Tax Nulliber. 360-664-0733								
550 004 0755	Telephone Number:	360-902-2983				Fax Number: 360-664-0733		
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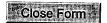








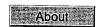
9. Type of Applicant 1: Select Applicant Type:	Version 02
A: State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
Other (specify).	
10. Name of Federal Agency:	
Department of Commerce	
1. Catalog of Federal Domestic Assistance Number:	
FDA Title:	
12. Funding Opportunity Number:	
660-ZA29	
Fitte:	
ecovery Act - State Broadband Data and Development Grant Program	
. Competition Identification Number:	
e:	
Areas Affected by Project (Cities, Counties, States, etc.):	
ate of Washington	
. Descriptive Title of Applicant's Project:	
shington State Broadband Mapping	
	1 1
]
ch supporting documents as specified in agency instructions. dd Attachments	











								on Date: 01/31/2009
Application	on for Federal Assista	nce SF-424						Version 02
16. Congres	ssional Districts Of:							
* a. Applicant	t WA-all			* b.	Program/Projec	ct WA-all		
Attach an add	ditional list of Program/Projec	ct Congressional Districts if	needed.					
		Add Attachment	Delete Atta	achment	View Attach	ment I		
17. Propose	ed Project:							
* a. Start Date	e: 09/15/2009				* b. End Dat	te: 09/15/2	2014	
18. Estimate	ed Funding (\$):							
* a. Federal		6,946,136.00						
* b. Applicant		1,736,534.00						
* c. State		0.00						
* d. Local		0.00						
* e. Other		0.00						
* f. Program I	ncome	0.00						
* g. TOTAL		8,682,670.00						
b. Progra c. Progra * 20. Is the Ap	pplication was made availa am is subject to E.O. 12372 am is not covered by E.O. 1 pplicant Delinquent On An No	the but has not been selected 2372. Support of the but the bu	ed by the State	e for review	<i>i</i> .			
comply with a	ng this application, I certifue, complete and accurate any resulting terms if I accordinistically accordinistical accordinistical accordinistical accordinistical accordinistical accordinistical accordinistical accordinistical according to the accordinate according to the accord	ce to the best of my kno	owledge. I al	Iso provide	the required			
<u> </u>		, or an internet site where	you may obt	ain this list,	is contained in	the announce	ement or agency	
Authorized Re	epresentative:							
Prefix:	Ms.	* First Nam	e: Angela					
Middle Name:								
* Last Name:	Wu							
Suffix:]						
	coadband Program Mana	ager						
Telephone Nu	mber: 360-902-2983			Fax Number	r:			
	la.Wu@dis.wa.gov							
Signature of A	uthorized Representative:	Angela Wu		* Date Sig	ned: 08/12/200	09		

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102









Application for Federal Assistance SF-424	Version 02
* Applicant Federal Debt Delinquency Explanation	
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.	er of
Try and avoid extra spaces and carriage returns to maximize the availability of space.	
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