Grants.gov Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	Application for Federal Assistance (SF-424) V2.1
OMB Number	4040-0004
OMB Expiration Date	10/31/2019

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.	Type of Submission:	Required	Select one type of submission in accordance with agency instructions. • Pre-application • Application • Changed/Corrected Application - Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.

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2.	Type of Application	Required	Select one type of application in accordance with agency instructions. • New - An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. A: Increase Award B: Decrease Award C: Increase Duration D: Decrease Duration E: Other (specify) AC: Increase Award, Increase Duration AD: Increase Award, Decrease Duration BC: Decrease Award, Increase Duration BD: Decrease Award, Decrease Duration
3.	Date Received:	Required	Enter date if form is submitted through other means as instructed by the Federal agency. The date received is completed electronically if submitted via Grants.gov.
4.	Applicant Identifier:		Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.
5a.	Federal Entity Identifier:		Enter the number assigned to your organization by the federal agency, if any.

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5b.	Federal Award Identifier:		For new applications, leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.
6.	Date Received by State:		Leave this field blank. This date will be assigned by the state, if applicable
7.	State Application Identifier:		Leave this field blank. This identifier will be assigned by the state, if applicable.
8.	Applicant Information:		Enter the following in accordance with agency instructions.
	a. Legal Name:	Required	Enter the legal name of the applicant that will undertake the assistance activity. This is the organization that has registered with the System for Award Management (SAM). Information on registering with SAM may be obtained by visiting SAM.gov.
	b. Employer/Taxpayer Number (EIN/TIN):	Required	Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.
	c. Organizational DUNS:	Required	Enter the organization's DUNS number received from DUN and Bradstreet. The DUNS number may be either 9 or 13 numeric digits. Information on obtaining a DUNS number may be obtained by visiting Grants.gov
	d. Address:	Required	Enter address: Street 1 (required); City (required); County/Parish, State (required if country is US); Province; Country (required); 9-digit ZIP/Postal Code (required if country is US). If +4 does not exist for the address, enter "0000".
	e. Organizational Unit		Enter the name of the primary organizational unit, department, or division that will undertake the assistance activity.

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	f. Name and contact information of person to be contacted on matters involving this application	Required	Enter the first and last name (required); prefix, middle name, suffix, and title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (required); fax number.

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9.	Type of Applicant: Select Applicant Type	Required	Select a minimum of one applicant type or select up to three applicant types in accordance with agency instructions. If "Other" is selected, then specify Other Type of Applicant in text box. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify)

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10.	Name of Federal Agency:	Required	Enter the name of the federal agency from which assistance is being requested with this application. This information is pre-populated if submitting through Grants.gov.
11.	Catalog Of Federal Domestic Assistance Number/Title	Required	Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable. This information is pre-populated if using Grants.gov.
12.	Funding Opportunity Number/Title	Required	Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested as found in the program announcement. This information is pre-populated if using Grants.gov.
13.	Competition Identification Number/Title:		Enter the competition identification number and title of the competition under which assistance is requested, if applicable. These fields are pre-populated by Grants.gov if provided by the federal agency.
14.	Areas Affected By Project:		This data element is intended for use only by programs for which the area(s) affected are likely to be different from the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
15.	Descriptive Title of Applicant's Project:	Required	Enter a brief descriptive title of the project. Supporting documents may be attached if specified in agency instructions.

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16.	Congressional Districts	Required	16a. Enter the applicant's congressional district. 16b. Enter the primary district affected by the program or project. Enter in the following format: 2 character state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e., all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00.000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) form. Attach an additional list of program/project congressional districts, if needed.
17.	Proposed Project Start and End Dates:	Required	Enter the proposed start date and end date of the project.
18.	Estimated Funding:	Required	Enter the 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 only the amount of the change. For decreases, enclose the amounts in parentheses. For zero funding, enter 0.

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19.	Is Application Subject to Review by State Under Executive Order	Required	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. Select the appropriate box. If "A." is selected, enter the date the application was submitted to the State.
20.	Is the Applicant Delinquent on any Federal Debt?	Required	Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but may not be limited to: delinquent audit disallowances, loans, and taxes. If yes, include an explanation in an attachment.
21.	Authorized Representative:	Required	To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (required); prefix, middle name, and suffix. Enter title, telephone number, fax number, and email. Fax number is not required. A copy of the governing body's authorization for you to sign this application as the 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.) If the application is submitted via Grants.gov, the signature of the authorized representative and the date signed are completed upon submission.