Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	SF424 (R & R)
Form Version Number	4.0
OMB Number	4040-0001
OMB Expiration Date	12/31/2022

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.	Type of Submission	Required	Type of Submission is required: Select Type of Submission by clicking either Pre-application, Application, or Changed/Corrected Application. If this submission is to change or correct a previously submitted "New", "Resubmission", "Renewal", "Continuation", or "Revision" application, click the Changed/Corrected Application box and enter the Grants.gov tracking number in the Previous Grants.gov Tracking ID field. Unless requested by the agency, applicants may not use this to submit changes after the closing date. This field is required.
2.	Date Submitted	Optional	Enter the date the application is submitted to Federal agency (or State if applicable).
	Applicant Identifier	Optional	Enter the applicant's control number (if applicable).
3.	Date Received by State	Optional	Enter the date received by state (if applicable).
	State Application Identifier	Optional	Enter the state application identifier (if applicable).

Field Number	Field Name	Required or Optional	Information
4a.	Federal Identifier	Optional	If this is a continuation, revision, or renewal application, enter the assigned Federal Identifier number (for example, award number)--even if submitting a changed/corrected application.
4b.	Agency Routing Identifier	Optional	Enter the agency-assigned routing identifier per the agency-specific instructions. This is an optional field.
4c.	Previous Grants.gov Tracking ID	Optional	Enter the previous Grants.gov tracking number, if applicable.
5.	Applicant Information		
	UEI:	Required	Enter the UEI of the applicant organization. This field is required.
	Legal Name:	Required	Enter legal name of applicant, which will undertake the assistance activity, enter the complete address of the applicant (including county and country), and name, telephone number, e-mail, and fax of the person to contact on matters related to this application. This field is required.
	Department:	Optional	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity.
	Division:	Optional	Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity.
	Street 1:	Required	Enter first line of the street address for the applicant in "Street1" field. This field is required.
	Street 2:	Optional	Enter second line of the street address for the applicant in "Street2" field. This field is optional
	City:	Required	Enter the city for address of applicant. This field is required.

Field Number	Field Name	Required or Optional	Information
	County/Parish:	Optional	Enter the county/parish for address of applicant.
	State:	Required	Enter the State where the applicant is located. This field is required if the applicant is located in the United States.
	Province:	Optional	Enter the Province where the applicant is located. If Country is not US, then inactive.
	Country:	Required	Select the country for the applicant address. This field is required.
	ZIP/Postal Code:	Conditionally Required	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
	Person to be contacted on matters involving this application	Required	Provide the contact information.
	Prefix:	Optional	Enter the prefix (e.g., Mr., Mrs., Rev.) for the person to contact on matters related to this application.
	First Name:	Required	Enter first (given) name of the person to contact on matters related to this application. This field is required.
	Middle Name:	Optional	Enter the middle name of the person to contact on matters related to this application.
	Last Name:	Required	Enter the last (family) name of the person to contact on matters related to this application. This field is required.
	Suffix:	Optional	Enter the suffix (e.g., Jr., Sr., Ph.D) for the name of the person to contact on matters related to this application.
	Position/Title:	Optional	Enter the position/title of the person to contact on matters related to this application.

Field Number	Field Name	Required or Optional	Information
	Street 1:	Required	Enter first line of the street address of the person to contact on matters related to this application. This field is required.
	Street 2:	Optional	Enter second line of the street address of the person to contact on matters related to this application. This field is optional.
	City:	Required	Enter the city of the person to contact on matters related to this application. This field is required.
	County/Parish:	Optional	Enter the county/parish of the person to contact on matters related to this application.
	State:	Conditionally Required	Enter the State of the person to contact on matters related to this application. This field is required if the applicant is located in the United States.
	Province:	Optional	Enter the Province of the person to contact on matters related to this application. If Country is not US, then active.
	Country:	Required	Select the country of the person to contact on matters related to this application. This field is required.
	ZIP/Postal Code:	Conditionally Required	Enter the nine-digit Postal Code (e.g., ZIP code) of the person to contact on matters related to this application. This field is required if the country is specified as United States.
	Phone Number:	Required	Enter the daytime phone number for the person to contact on matters related to this application. This field is required.
	Fax Number:	Optional	Enter the fax number for the person to contact on matters related to this application.
	Email:	Optional	Enter the e-mail address for the person to contact on matters related to this application.

Field Number	Field Name	Required or Optional	Information
6.	EMPLOYER IDENTIFICATION (EIN) or (TIN) :	Required	Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the U.S., enter 44-4444444. This field is required.
7.	TYPE OF APPLICANT:	Required	Select the appropriate applicant type code. If Small Business is selected as Type of Applicant, then note if the organization is Woman-owned and/or Socially and Economically Disadvantaged. This field is required.
	Other (Specify):	Conditionally Required	Complete only if "Other" is selected as the Type of Applicant.
	Small Business Organization Type:	Optional	Check the checkboxes for Women Owned or Socially and Economically Disadvantaged, if applicable.
	Women Owned	Optional	Check if you are a women-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it.
	Socially and Economically Disadvantaged	Optional	Check if you are a socially and economically disadvantaged small business, as determined by the U.S. Small Business Administration pursuant to section 8(a) of the Small Business Act U.S.C. 637(a).

Field Number	Field Name	Required or Optional	Information
8.	Type of Application	Required	Select the type from the following list. Check only one: New: An application that is being submitted to an agency for the first time. Resubmission: An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration. Renewal: An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time. Continuation: A non-competing application for an additional funding/budget period within a previously approved project period. Revision: An application that proposes a change in: 1) the Federal Government's financial obligations or contingent liability from an existing obligation; or, 2) any other change in the terms and conditions of the existing award. This field is required.
	New	Check if applicable	New: An application that is being submitted to an agency for the first time.
	Resubmission	Check if applicable	Resubmission: An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration.

Field Number	Field Name	Required or Optional	Information
	Renewal	Check if applicable	Renewal: An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.
	Continuation	Required, if applicable	Continuation: A non-competing application for an additional funding/budget period within a previously approved project period.
	Revision	Required, if applicable	Revision: An application that proposes a change in: 1) the Federal Government's financial obligations or contingent liability from an existing obligation; or, 2) any other change in the terms and conditions of the existing award.
	If Revision, mark appropriate box(es).	Conditionally Required	If Revision is selected for Type of Application, check at least one.
	A. Increase Award	Check if applicable	A. Increase Award May select more than one.
	B. Decrease Award	Check if applicable	B. Decrease Award May select more than one.
	C. Increase Duration	Check if applicable	C. Increase Duration May select more than one.
	D. Decrease Duration	Check if applicable	D. Decrease Duration May select more than one.
	E. Other (specify)	Check if applicable	E. Other If "Other" is selected, please specify in text box provided.
	Other (specify)	Conditionally Required	If "other" is selected for Revision, add text to explain.
	Is this application being submitted to other agencies?:	Required	Yes/No.
	What other agencies?	Conditionally Required	If application is being submitted to other agencies, name the additional Federal agency or to which this application is being submitted.

Field Number	Field Name	Required or Optional	Information
9.	Name of Federal Agency	Required	Name the Federal agency from which assistance is being requested with this application. This field is pre-populated from if applying via Grants.gov.
10.	Catalog of Federal Domestic Assistance Number	Required	This is the Catalog of Federal Domestic Assistance number of the program under which assistance is requested. This field is pre-populated from if applying via Grants.gov.
	Catalog of Federal Domestic Assistance Title	Required	This is the Catalog of Federal Domestic Assistance title of the program under which assistance is requested. This field is pre-populated from if applying via Grants.gov.
11.	Descriptive Title of Applicant's Project	Required	Enter a brief descriptive title of the project. This field is required.
12.	Proposed Project Start Date	Required	Enter the proposed start date of the project. This field is required.
	Proposed Project Ending Date	Required	Enter the proposed end date of the project. This field is required.
13.	Congressional District of Applicant	Required	Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. This field is required.
14.	Project Director/Principal Investigator Contact Information	Required	Provide the contact information for the Project Director/Principal Investigator
	Prefix	Optional	Enter the prefix (e.g., Mr., Mrs., Rev.) for the PD/PI.
	First Name:	Required	Enter first (given) name for the PD/PI. This field is required.

Field Number	Field Name	Required or Optional	Information
	Middle Name:	Optional	Enter the middle name of the person to contact on matters related to this application.
	Last Name:	Required	Enter the last (family) name for the PD/PI.. This field is required.
	Suffix:	Optional	Enter the suffix (e.g., Jr., Sr., Ph.D) name for the PD/PI.
	Position/Title:	Optional	Enter the position/title name for the PD/PI.
	Organization Name:	Required	Enter the name of organization name for the PD/PI. This field is required.
	Department:	Optional	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization name for the PD/PI.
	Division:	Optional	Enter the name of primary organizational division, office, or major subdivision name for the PD/PI.
	Street 1:	Required	Enter first line of the street address name for the PD/PI. This field is required.
	Street 2:	Optional	Enter first line of the street address name for the PD/PI. This field is required.
	City:	Required	Enter the city name for the PD/PI. This field is required.
	County/Parish:	Optional	Enter the county/ name for the PD/PI.
	State:	Conditionally Required	Enter the State name for the PD/PI. This field is required if the PD/PI is located in the United States.
	Province:	Optional	Enter the Province name for the PD/PI. If Country is not US, then active.
	Country:	Required	Select the country name for the PD/PI. This field is required.

Field Number	Field Name	Required or Optional	Information
	ZIP/Postal Code:	Conditionally Required	Enter the nine-digit Postal Code (e.g., ZIP code) name for the PD/PI. This field is required if the country is specified as United States.
	Phone Number:	Required	Enter the daytime phone number name for the PD/PI. This field is required.
	Fax Number:	Optional	Enter the fax number name for the PD/PI.
	Email:	Required	Enter the e-mail address for the PD/PI. This field is required.
15.	Estimated Project Funding	Required	Provide the Estimated Project Funding
15a.	Total Federal Funds Requested	Required	Enter total Federal funds requested for the entire project period. This field is required. Enter "0" if none.
15b.	Total Non-Federal Funds Requested	Required	Enter total non-Federal funds requested for the entire project period. This field is required. Enter "0" if none.
15c.	Total Federal & Non Federal Funds	Required	Enter total estimated funds for the entire project period, including both Federal and non-Federal funds. This field is required. Enter "0" if none.
15d.	Estimated Program Income	Required	Identify any Program Income estimated for this project period if applicable. This field is required. Enter "0" if none.
16.	Is Application Subject to Review by State Executive Order 12732 Process	Required	Check the appropriate checkbox.
16a.	YES This Preapplication /Application to the State Executive Order 12732 Process for Review On:	Check if applicable	Check if Yes. Leave blank if No.

Field Number	Field Name	Required or Optional	Information
	Date	Conditionally Required	If checkbox 16a is checked, insert date application was submitted to State.
16b.	NO Program is not covered by EO 12732; or	Check if applicable	Check box if program is not covered by EO 12732
	NO Program has not been selected by state for review	Check if applicable	Check box if program has not been selected by state for review.
17.	By signing this application, I certify (1) to the statements contained in the list of certifications* And (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept and award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001). I agrees	Required	Check "I agree" to provide the required certifications and assurances. This field is required.
18.	SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation	Optional	If applicable, attach the SFLLL (Disclosure of Lobbying Activities) or other explanatory documentation per agency instructions.
19.	Authorized Representative	Required	Provide the information for the Authorized Representative.
	Prefix:	Optional	Enter the prefix (e.g., Mr., Mrs., Rev.) of the Authorized Representative.
	First Name:	Required	Enter first (given) name of the Authorized Representative. This field is required.
	Middle Name:	Optional	Enter the middle name of the Authorized Representative.
	Last Name:	Required	Enter the last (family) of the Authorized Representative. This field is required.

Field Number	Field Name	Required or Optional	Information
	Suffix:	Optional	Enter the suffix (e.g., Jr., Sr., Ph.D) of the Authorized Representative.
	Position/Title:	Required	Enter the position/title of the Authorized Representative.
	Organization:	Required	Enter the name of organization for the Authorized Representative. This field is required.
	Department:	Optional	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the Authorized Representative
	Division:	Optional	Enter the name of primary organizational division, office, or major subdivision of the Authorized Representative
	Street 1:	Required	Enter first line of the street address of the Authorized Representative. This field is required.
	Street 2:	Optional	Enter second line of the street address of the Authorized Representative. This field is optional.
	City:	Required	Enter the city of the Authorized Representative. This field is required.
	County/Parish:	Optional	Enter the county/parish of the Authorized Representative.
	State:	Conditionally Required	Enter the State of the Authorized Representative. This field is required if the applicant is located in the United States.
	Province:	Optional	Enter the Province of the Authorized Representative. If Country is not US, then active.
	Country:	Required	Select the country of the Authorized Representative. This field is required.
	ZIP/Postal Code:	Conditionally Required	Enter the nine-digit Postal Code (e.g., ZIP code) of the Authorized Representative. This field is required if the country is specified as United States.

Field Number	Field Name	Required or Optional	Information
	Phone Number:	Required	Enter the daytime phone number of the Authorized Representative. This field is required.
	Fax Number:	Optional	Enter the fax number of the Authorized Representative.
	Email:	Required	Enter the e-mail address of the Authorized Representative.
	Signature of Authorized Representative	Required	It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity and/or submit the application to Grants.gov. If this application is submitted through Grants.gov leave blank. If a hard copy is submitted, the AOR must sign this block.
	Date Signed	Required	If this application is submitted through Grants.gov, the system will generate this date. If submitting a hard copy, enter the date the AOR signed the application.
20.	Pre-application	Optional	If submitting a pre-application, provide a summary description of the project in accordance with the announcement and/or agency specific instructions and attach here.
21.	Cover Letter Attachment	Optional	Attach the cover letter in accordance with the announcement and/or agency specific instructions.