

Grants.gov Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	Application for Federal Assistance SF-424 – Individual V2.0
OMB Number	4040-0005
OMB Expiration Date	01/31/2029

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.	NAME OF FEDERAL AGENCY	Required	Pre-populated from the Application cover sheet
2.	ASSISTANCE LISTING NUMBER		Pre-populated from the Application cover sheet
	ASSISTANCE LISTING TITLE		Pre-populated from the Application cover sheet
3.	DATE RECEIVED		Completed by Grants.gov upon submission
4.	FUNDING OPPORTUNITY NUMBER:		Pre-populated from the Application cover sheet
	TITLE:		Pre-populated from the Application cover sheet
5.	APPLICANT INFORMATION		
	Name and Contact Information		
	Prefix:		Select the Prefix from the provided list or enter a new Prefix not provided on the list.
	First Name:	Required	Enter the First Name.
	Middle Name:		Enter the Middle Name.
	Last Name:	Required	Enter the Last Name.
	Suffix:		Select the Suffix from the provided list or enter a new Suffix not provided on the list.
	Fax Number:		Enter the Fax Number.
	Email:		Enter a valid Email Address.
	Telephone Number (Daytime):	Required	Enter the Daytime Telephone Number.
	Telephone Number (Evening):		Enter the Evening Telephone Number.
	Address		

Field Number	Field Name	Required or Optional	Information
	Street 1:	Required	Enter the first line of the Street Address.
	Street 2:		Enter the second line of the Street Address.
	City:	Required	Enter the City.
	County/Parish:		Enter the County or Parish.
	State:		Select the state, US possession, or military code from the provided list. This field is required if Country is the United States.
	Province:		Enter the Province.
	Country:	Required	Select the Country from the provided list.
	Zip / Postal Code		Enter the nine-digit Postal Code (e.g., ZIP Code). This field is required if Country is the United States.
	Citizenship Status		
	U.S. Citizenship? Yes/No	Required	Select Yes if applicant is a citizen of the United States. Select No if applicant is a permanent resident and enter the Alien Registration #. Select No if applicant is a foreign national and enter the country of citizenship and start date of most recent residency in the United States.
	If No		
	If permanent resident of U.S., enter the Alien Registration #		Enter the Alien Registration Number.
	If foreign national, enter country of citizenship:		Select the Country from the provided list. This field is required if the applicant is not a U.S. Citizen.
	If foreign national, enter start date of most recent residency in U.S.:	Required	Enter the start date of the most recent residency in the U.S. Enter in the format MM/DD/YYYY. This field is required if the applicant is not a U.S. Citizen.
	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 5 th district, CA-012 for California's 12 th district, NC-103 for North Carolina's 103 rd district. If outside the US, enter 00-000.
6.	Project Information		

Field Number	Field Name	Required or Optional	Information
	Project Title		Enter a brief, descriptive title of the project.
	Project Description	Required	Enter a brief description of the project.
	Proposed Project	Required	Start Date: Enter the start date for the proposed project. Enter in the format MM/DD/YYYY. End Date: Enter the end date for the proposed project. Enter in the format MM/DD/YYYY.
7.	* 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 an 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 218, Section 1001) ** I AGREE	Required	Check to select.

Field Number	Field Name	Required or Optional	Information
	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency-specific instructions		
	Signature	Required	Completed by Grants.gov upon submission
	Date Signed	Required	Completed by Grants.gov upon submission