INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	**Type of Submission:** (Required): Select one type of submission in accordance with agency instructions. • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.	10.	**Name Of Federal Agency**: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	**Catalog Of Federal Domestic Assistance Number/Title:** 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.
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. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)	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.
		13.	**Competition Identification Number/Title:** Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	**Areas Affected By Project:** List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	**Date Received:** Leave this field blank. This date will be assigned by the Federal agency.	15.	**Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	**Applicant Identifier:** Enter the entity identifier assigned buy 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.	16.	**Congressional Districts Of**: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters 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.
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 applicant that will undertake the assistance activity. This is ththat the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	17.	**Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project.
	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.	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.

	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.	19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** 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.
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	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 debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable. **f. Name and contact information of person to be contacted on matters involving this applicat** required), organizational affiliation (if affiliated with an organization other **on**: Enter the name (First and last name than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.	21.	**Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. 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.)
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. 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 Authority M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)		

Completing Federal Assistance Application Forms (SF-424 and SF-424a)

How to Complete the Application for Federal Assistance—SF-424

Item #1—Type of Submission: Select "Application or Pre-Application" (The Request for Application will specify what type of application.)

Item #2—Type of Application: Select "New"

Item #3 - #4—Date Received/Applicant Identifier: Leave blank, it will be assigned by the Federal agency

Item #5 - #7—Federal Entity Identifier/Federal Award Identifier: Leave blank, it is not applicable to this program

Item #8—Applicant Information:
8a – Input your organization's legal name
8b – If U.S. Organization, enter your EIN or TIN as assigned by the IRS; If international organization enter "44-4444444"
8c – Enter your organization's DUNS number.
8d – Enter your organizations address including country
8e – If applicable, enter the name of a department or division that will coordinate the proposed activities.
8f – Name of the project person to contact about this application.

Item #9—Type of Applicant - Please select one of the following.
H. Public/State Controlled Institution of Higher Learning
N. Nonprofit
O. Private Institution of Higher Learning
Q. For Profit
R. Small Business
W. Non-domestic (non-US entity)
X. Other (Specify)

Item #10—Name of Federal Agency: Input – "Secretary's Office of Global Women's Issues, US Department of State

Item #11—Catalog of Federal Domestic Assistance Number and Title: Input – "19.801" and the title is "Secretary's Office of Global Women's Issues (S/GWI)." This is a required field.

Item #12—Funding Opportunity Number and Title: Input the number and title provided in the request for application.

Item #13—Competition Identification Number and Title: Input the title provided in the request for application.
Item #14—Areas Affected by Project: Input the countries involved in your proposed project activities. This is a required field.

Item #15—Descriptive Title of Applicant's Project: Enter a brief descriptive title of your project. Enter the Priority area to which you are applying.

Item #16—Congressional Districts
16a – Applicant: If in the U.S., enter the congressional district of your organization. If International organization, enter "00-000."
16b – Program/Project: If program takes place in the U.S., enter all the congressional districts affected by the program. If program is outside the U.S. enter "00-000."

Item #17—Proposed Project: Enter the proposed start date and end date of your project. This is a required field, however, actual dates will be negotiated if selected for funding.

Item #18—Estimated Funding
18a – Enter the amount of funding your organization is requesting (Federal funding).
18b – Enter the amount of any Non-Federal (e.g. non-U.S. Government) resources that will be used to support the project. This includes cost sharing and matching.
18c-d – If U.S. based, enter any funding you are receiving from the State and Local governments for this project, if applicable.
18e – Enter the total of all other costs. (Explain)
18f – If you anticipate any income to be generated by this project (i.e. registration fees) input that information here, if applicable.
18g – Total all the numbers from 18a-18f

Item #19—Is Application subject to Review by State Under Executive Order 12372 Process? Select "c. Program is not covered by E.O. 12372"

Items #20—Is Applicant Delinquent of any Federal Debt. Please select yes/no. If yes, please complete page 3, providing an explanation.

Item # 21 – Authorized Representative: Please provide the name, contact information, and signature of the authorized representative for your organization. The governing body of your organization must have specifically documented the designation for an authorized representative to submit an application for funding to the U.S. Government. If selected for funding this documentation may be requested. **PLEASE NOTE:** It is a best practice to have the SF-424 signed by the same authorized representative that would sign any ensuing award document for your organization. If a different authorized representative must sign any ensuing award document, that person will need to attach documentation confirming that they have the recipient organization's delegation of authority to commit the organization to an award.

How to Complete the Budget Information—Non-Construction Programs—SF-424b

The sections below, highlighted in yellow, provide guidance for completing the official SF-424a form. The information is displayed as it will appear on the official form. The official form can be downloaded from Grants.gov.

Section A – Budget Summary						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance No (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. *Enter the "Funding Opportunity Title"*	*19.801*	$0.00	$0.00	*Enter Amount Requesting*	*Enter Cost-Share or Matching Amount*	*Enter Total of Federal and Non-Federal Costs*
2.						
3.						
4.						
5. TOTALS		**$0.00**	**$0.00**	***Enter Total Amount Requesting***	***Enter Total Cost Share***	**Total Amount**

Section B – Budget Categories					
6. Object Categories	Grant Program, Function or Activity				Total
	(1) *Enter Federal Cost (Requested)*	**(2) *Enter Non-Federal Cost (Cost-Share)***	(3) *Leave Blank*	(4) *Leave Blank*	(5)**Totals**
a. Personnel (costs of employee salaries and wages)	*Total Personnel from Budget Summary*	*Total Personnel from Budget Summary*			*Total Column 1 &2*
b. Fringe Benefits (Costs of employee fringe benefits (i.e. Health insurance, retirement insurance, taxes, etc.)	*Total Fringe from Budget Summary*	*Total Fringe from Budget Summary*			*Total Column 1 &2*
c. Travel (Costs of projected-related travel)	*Total Travel from Budget Summary*	*Total Travel from Budget Summary*			*Total Column 1 &2*
d. Equipment (Costs of tangible, non-expendable, personal property having a useful life of more that one year and a cost of $5,000 or more per unit	*Total Equipment from Budget Summary*	*Total Equipment from Budget Summary*			*Total Column 1 &2*
e. Supplies (Office or program supplies, other than those included in Equipment category)	*Total Supplies from Budget Summary*	*Total Supplies from Budget Summary*			*Total Column 1 &2*
f. Contractual (Allowable direct expenses to sub-recipients, including consultant fees and travel expenses)	*Total Contractual from Budget Summary*	*Total Contractual from Budget Summary*			*Total Column 1 &2*
g. Construction (If applicable)	***$0.00***	***$0.00***			*Total Column 1 &2*
h. Other (Enter total of all Other Costs)	*Total Other from Budget Summary*	*Total Other from Budget Summary*			*Total Column 1 &2*
i. Total Direct Charges (Sum of 6a-6h)	**Sum of Federal Direct Costs (6a-**	**Sum of Non-Federal Direct**			*Total Column 1 &2*

	6h)	**Costs (6a-6h)**			
j. Indirect Charges (Category may be used only when the applicant has an approved indirect cost rate from a U.S. government agency)	*Enter NICRA, if applicable*	*Enter NICRA, if applicable*			*Total Column 1 &2*
k. TOTALS (sum of 6i and 6j)	**Sum of Federal Direct and Indirect Costs (6i-6j)**	**Sum of Non-Federal Direct and Indirect Costs (6i-6j)**			*Total Column 1 &2*
7. Program Income (The estimated amount of income, if any, that would be generated from this project. Interest gained from U.S. Government funds is not an allowable expense.)	**$0.00**	**$0.00**			**$0.00**

Section C – Non-Federal Resources (Amount of Non-USG resources that will be used to support the project)

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. *Enter the "Funding Opportunity Title"*	*Enter Total of Column 2, Line 6k above (Section B)*			
9.				
10.				
11.				
12 Total (sum of line 8-11)				

Section D – Forecasted Cash Needs (for Year 1 of the Project)
NOTE: *Leave this Section Blank*

13. Federal	Total for 1st year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
14. Non-Federal					
15. Total (Sum lines 14 and 14)					

Section E – Budget Estimates for Federal Funds Needed for Balance of the Project ***NOTE:*** *Leave this Section Blank*				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First (Year 1)	(c) Second (Year 2)	(d) Third (Year 3)	(e) Fourth (Year 4)
16. Title of Funding Opportunity				
17.				
18.				
19.				
20. Total (Sum of lines 16-19)				

Section F - Other Budget Information			
21. Direct Charges (total from 6i)	**Total from 6i above**	**22. Indirect Charges (Total from 6j**	**Total from 6j above**
23. Remarks: (any additional comments you wish to add)			

OMB Number: 4040-0007
Expiration Date: 06/30/2014

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Completed on submission to Grants.gov	
* APPLICANT ORGANIZATION	* DATE SUBMITTED
	Completed on submission to Grants.gov