

## Grants.gov Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	Application for Federal Domestic Assistance-Short Organizational V3.0
OMB Number	4040-0003
OMB Expiration Date	02/28/2025

## 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:	Required	Pre-populated from the Application cover sheet
	ASSISTANCE LISTING TITLE	Required	Pre-populated from the Application cover sheet
3.	DATE RECEIVED	Required	Completed by Grants.gov upon submission
4.	FUNDING OPPORTUNITY NUMBER:	Required	Pre-populated from the Application cover sheet
	TITLE:	Required	Pre-populated from the Application cover sheet
5.	APPLICANT INFORMATION		
	a. Legal Name	Required	Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the System for Award Management (SAM.gov). Information on registering with SAM may be obtained by visiting the Grants.gov website.
	b. Address		Enter the complete address as follows: Street address or PO Box (Line 1 required), City (required), State (required if country is US), County/Parish, Province, Country (required), ZIP/Postal Code (required if country is US).

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	c. Web Address:		Enter the website address or uniform record locator (URL) of the applicant organization.
	d. Type of Applicant: Select Applicant Type Code(s):	Required	<p>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.</p> <ul style="list-style-type: none"> <li>A. State Government</li> <li>B. County Government</li> <li>C. City or Township Government</li> <li>D. Special District Government</li> <li>E. Regional Organization</li> <li>F. U.S. Territory or Possession</li> <li>G. Independent School District</li> <li>H. Public/State Controlled Institution of Higher Education</li> <li>I. Indian/Native American Tribal Government (Federally Recognized)</li> <li>J. Indian/Native American Tribal Government (Other than Federally Recognized)</li> <li>K. Indian/Native American Tribally Designated Organization</li> <li>L. Public/Indian Housing</li> <li>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</li> <li>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</li> <li>O. Private Institution of Higher Education</li> <li>P. Individual</li> <li>Q. For-Profit Organization (Other than Small Business)</li> <li>R. Small Business</li> <li>S. Hispanic-serving Institution</li> <li>T. Historically Black Colleges and Universities (HBCUs)</li> <li>U. Tribally Controlled Colleges and Universities (TCCUs)</li> <li>V. Alaska Native and Native Hawaiian Serving Institutions</li> <li>W. Non-US Entity</li> <li>X. Other (specify)</li> </ul>

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	e. Employer/Taxpayer Identification 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.
	f. UEI:	Required	Enter the organization's UEI. Information on registering with System for Award Management (SAM.gov) may be obtained by visiting the Grants.gov website.
	g. 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 <sup>th</sup> district, CA-012 for California's 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. If outside the US, enter 00-000.
6.	Project Information		
	a. Project Title	Required	Enter a brief, descriptive title of the project.
	b. Project Description	Required	Enter a brief description of the project.
	c. Proposed Project Start Date/End Date	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.	Project Director	Required	Enter the name (first and last name required), title (required), email, telephone (required), and fax number of the project director. Enter the complete address as follows: Street Address (Line 1 required), City (required), County/Parish, State (required if country is US), Province, Country (required), nine-digit ZIP/Postal Code (required, if country is US).

Field Number	Field Name	Required or Optional	Information
8.	Primary Contact/Grants Administrator	Required	<p>Check if this person is also the project director and skip to Item 9. If not the same, enter the name (first and last name required), title (required), email, telephone number, and fax number of the person to contact on matters related to this application. Enter the complete address as follows: Street address (Line 1 required), City (required), County/Parish, State (required if country is US), Province, Country (required), nine-digit ZIP/Postal Code (required, if country is US).</p> <p>If Primary Contact/Grants Administrator is same as Authorizing Official, please complete both 8 and 9.</p>
9.	Authorizing Official:	Required	<p>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).</p> <p>Signature of Authorized Representative completed upon submission to Grants.gov.</p>