SF424 Instructions

1. Type of Submission: (Required):

Select **Application** or **Changed/Corrected Application** if this submission is to change or correct a previously submitted application.

2. **Type of Application: (**Required)

Select one **New** (An application that is being submitted to an agency for the first time); **Continuation** (An extension for an additional funding); or **Revision.**

3. Date Received: Leave this field blank. This date will be assigned by the Federal agency.

4. **Applicant Identifier:** Leave this field blank.

5a. **Federal Entity Identifier:** Leave this field blank.
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. D**ate Received by State:** Leave this field blank.
7. **State Application Identifier:** Leave this field blank.

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.
b. **Employer/Taxpayer Number (EIN/TIN):** (Required): Enter 44-4444444 for Non-US Organizations.

c. **Organizational DUNS:** Enter the organization's DUNS number if your organization has one.

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).

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 applicant 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.

9. **Type of Applicant**: (Required) Select **W. Non-domestic (non-US) Entity** from dropdown.

10. **Name of Federal Agency:** (Required) Enter **U.S. Embassy to the Republic of Moldova**

11. **Catalog of Federal Domestic Assistance Number/Title:** enter **19.900** in the number field and **AEECA PD Programs** in the Title field.

12. **Funding Opportunity Number/Title:** (Required)

Enter the Funding Opportunity Number **16-01** in the Number Field and **Democracy Commission Small Grants Program Competition** in the Title Field

13. **Competition Identification Number/Title:** Leave Blank

14. **Areas Affected By Project:** List the areas or entities using the categories (e.g., cities, counties, states, etc.).

15. **Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project.

16. **Congressional Districts Of:** (Required) enter **00-000**.

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

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?**

Select option **c. Program is not covered by E.O. 12372.**
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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: But may not be limited to; delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachement.

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.