

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	SF424 Mandatory Form
Form Version Number	3.0
OMB Number	4040-0020
OMB Expiration Date	03/31/2029

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.a.	Type of Submission	Required	Select one type of submission in accordance with agency instructions. This field is required.
1.a.	Other Submission Type Explanation	Optional	Specify the type of submission in the text box.
1.b.	Frequency	Required	Select the applicable frequency for the type of submission. This field is required.
1.b.	Other Frequency Explanation	Optional	Specify the frequency of the submission.
1.c.	Consolidated Request	Optional	Indicate if the submission is a consolidated application/plan/funding request.
1.c.	Consolidated Request Explanation	Optional	If this is a Consolidated Application/Plan/Funding Request, please identify the programs covered by the consolidated submission as required in agency instructions.
1.d.	Version	Required	Select the applicable version for the type of submission. This field is required.
2.	Date Received Header	Required	Completed by Grants.gov upon submission.
3.	Applicant Identifier	Optional	If you wish to use a unique identification number for your own purposes, enter it here.
4a.	Federal Entity ID	Optional	Enter the number assigned to your organization by the Federal agency.
4b.	Federal Award ID	Optional	Enter the award number previously assigned by the Federal agency, if any.
5.	Date Received State	Optional	Enter the date received by the State, if applicable. Enter in the format mm/dd/yyyy.

Field Number	Field Name	Required or Optional	Information
6.	State Application ID	Optional	Enter the identifier assigned by the State, if applicable.
7a.	Organization Name	Optional	Enter the legal name of the applicant that will undertake the assistance activity. This field is required.
7b.	EIN/TIN	Required	Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. This field is required.
7c.	UEI	Required	Enter the UEI of the applicant organization. This field is required.
7d.	Address	Required	Section label.
7d.	Street1	Required	Enter the first line of the Street Address. This field is required.
7d.	Street2	Optional	Enter the second line of the Street Address.
7d.	City	Required	Enter the City. This field is required.
7d.	County / Parish	Optional	Enter the County / Parish.
7d.	State	Optional	Select the state, US possession or military code from the provided list. This field is required if Country is the United States.
7d.	Province	Optional	Enter the Province.
7d.	Country	Required	Select the Country from the provided list. This field is required.
7d.	Zip / Postal Code	Optional	Enter the nine-digit Postal Code (e.g., ZIP code). This field is required if the country is the United States.
7e.	Department Name	Optional	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity.
7e.	Division Name	Optional	Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity.
7f.	Name and Contact Information	Required	Section label
7f.	Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
7f.	First Name	Required	Enter the First Name. This field is required.
7f.	Middle Name	Optional	Enter the Middle Name.

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7f.	Last Name	Required	Enter the Last Name. This field is required.
7f.	Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
7f.	Title	Optional	Enter the position title.
7f.	Organizational Affiliation	Optional	Enter the Organizational Affiliation of the person to contact on matters related to this application.
7f.	Telephone Number	Required	Enter the daytime Telephone Number. This field is required.
7f.	Fax Number	Optional	Enter the Fax Number.
7f.	Email	Required	Enter a valid Email Address. This field is required.
8a.	Type of Applicant	Required	Select the appropriate applicant type code. This field is required.
8a.	Other Applicant Type Explanation	Optional	If you selected "Other" in 8a, specify your applicant type here.
8b.	Additional Description	Optional	Enter a secondary description of applicant type, if required by the agency.
9.	Name of Federal Agency	Required	Pre-populated from the Application cover sheet.
10.	Assistance Listing Number	Optional	Pre-populated from the Application cover sheet.
10.	Assistance Listing Title	Optional	Pre-populated from the sApplication cover sheet.
11.	Descriptive Title of Applicant Project	Required	Enter a descriptive title of the project. This field is required.
12.	Areas Affected by Funding	Optional	Enter areas or entities affected using categories specified in the agency instructions.
13.	Additional Congressional Districts	Optional	Section label
13a.	Congressional District 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. This field is required.

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13b.	Congressional District Project	Optional	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 all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000.
14a.	Funding Period Start Date	Required	Enter the start date of the funding period for this submission. Enter in the format mm/dd/yyyy. This field is required.
14b.	Funding Period End Date	Required	Enter the end date of the funding period for this submission. Enter in the format mm/dd/yyyy. This field is required.
15a.	Federal Estimated Funding	Required	Enter the dollar amount. This field is required.
15b.	Match Estimated Funding	Optional	Enter the dollar amount.
16.	Submission Subject to Review	Required	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. This field is required.
16.	State Review Date	Optional	Enter the date the submission was provided to the State for review. Enter in the format mm/dd/yyyy.
17.	Applicant Delinquent Federal Debt	Required	This question applies to the applicant organization, not the person who signs as the authorized representative. This field is required.
17.	Delinquent Federal Debt Explanation	Optional	Provide an explanation of Delinquent Federal Debt in the text box.
18.	I Agree	Required	Check to select. This field is required.
18.	Authorized Representative	Required	Section label.

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18.	AOR Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
18.	AOR First Name	Required	Enter the First Name. This field is required.
18.	AOR Middle Name	Optional	Enter the Middle Name.
18.	AOR Last Name	Required	Enter the Last Name. This field is required.
18.	AOR Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
18.	AOR Title	Required	Enter the position title. This field is required.
18.	AOR Organizational Affiliation	Optional	Enter the Organizational Affiliation of the person to contact on matters related to this application.
18.	AOR Telephone Number	Required	Enter the daytime Telephone Number. This field is required.
18.	AOR Fax Number	Optional	Enter the Fax Number.
18.	AOR Email	Required	Enter a valid Email Address. This field is required.
18.	Authorized Signature	Required	Completed by Grants.gov upon submission.
18.	Signature Date	Required	Completed by Grants.gov upon submission.
18.	Attach Supporting Documents	Optional	Select to add attachment(s).