



## MIDDLE EAST REGIONAL COOPERATION (MERC) PROGRAM

### APPENDIX A: SF-424 (APPLICATION FOR FEDERAL ASSISTANCE) INSTRUCTIONS

Prime institutions submitting proposals for continuation funding or travel and workshop grants must complete and submit the SF-424 as part of their proposal package.

Applicants submitting pre-proposals for applied research grants need not complete the SF-424 at this time, but if invited to submit a full proposal will be instructed to complete the form as part of that package.

A fillable PDF can be downloaded here:

[https://apply07.grants.gov/apply/forms/sample/SF424\\_4\\_0-V4.0.pdf](https://apply07.grants.gov/apply/forms/sample/SF424_4_0-V4.0.pdf)

Or by navigating to the “Application for Federal Assistance (SF-424)” link on this page:

<https://www.grants.gov/forms/forms-repository/sf-424-family>

Instructions relevant to MERC applicants follow:

**1: Type of Submission:** Select “Application.”

**2: Type of Application:** Select “New.”

**3 & 4: Date Received/Applicant Identifier:** Leave blank.

**5a & 5b: Federal Entity Identifier/Federal Award Identifier:** Leave blank.

**6 & 7: Date Received by State/State Application Identifier:** Leave blank.

**8: Applicant Information:**

**8a:** Input your organization’s legal name.

**8b: U.S. Organization:** Enter your EIN or TIN as assigned by the IRS.

**International organization:** Enter “44-4444444.”

**8c:** Enter your organization’s UEI number from SAM.gov

**8d:** Enter your organization’s address including country.

**8e:** If applicable, enter the name of a department or division in your organization that will coordinate the proposed activities.

**8f:** Name of the project person to contact about this application. This would typically be the Principal or Corresponding Investigator.

**9: Type of Applicant:** Select all that apply.

**10: Name of Federal Agency:** U.S. Department of State

**11: Catalog of Federal Domestic Assistance Number and Title:** Enter “19.600” for the number, leave the title blank.

**12: Funding Opportunity Number and Title:** Refer to the first page of the NOFO.

**13: Competition Identification Number and Title:** Leave blank.

**14: Areas Affected by Project:** Leave blank.

**15: Descriptive Title of Applicant's Project:** Enter the proposal title.

**16: Congressional Districts**

**16a: Applicant:** Enter "00-000" (if the prime is a U.S. institution, enter the Congressional District where the institution is located).

**16b: Program/Project:** Enter "00-000"

**17: Proposed Project:** Enter the proposed start date and end date (MM/DD/YYYY) of your project consistent with the duration indicated in the proposal. Actual dates will be negotiated if selected for funding.

**18: Estimated Funding**

**18a:** Enter the total MERC budget requested (not including cost share).

**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 share.

**18c-d:** Enter "0" (if the prime is a U.S. institution, enter any funding you are receiving from the State and Local governments for this project, if applicable)

**18e:** Enter any other funding for the project that does not fit into the 18b-18d categories, if applicable. Otherwise, enter "0".

**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

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

**20: Is Applicant Delinquent of any Federal Debt.** Do you owe the U.S. government money? Please select Yes or No. If yes, provide an explanation.

**21: Authorized Representative:** By checking box 21 and signing the SF-424 - Application for Federal Assistance, the authorized representative certifies that the information in the SF-424 form is complete and accurate to the best of the representative's knowledge and that the representative agrees to comply with the required assurances and certifications. Provide the name, contact information, and signature of the authorized representative. The governing body of the applying organization must have specifically documented the designation for an authorized representative to submit an application for funding to the U.S. Government. Note: It is a best practice to have the SF-424 signed by the Authorizing Official who would sign an ensuing award document on behalf of the applying organization.

**\*\* Do not digitally sign this form. Print, sign by hand, and scan the form. \*\***