

Instructions For Completing SF-424 R&R Cover Form

1. Type of Submission

Check one of the Type of Submission boxes. If this submission is to change or correct a previously submitted "New" application, click the Changed/Corrected Application box and enter the Grants.gov tracking number in the Federal Identifier field. If this submission is to change or correct a "resubmission", "renewal", "continuation", or "revision" application, leave the Federal identifier field as previously filled with the existing identifier (e.g. Award number). Do NOT insert the Grants.gov tracking number in these cases.

Unless requested by the agency, applicants may not use this to submit changes after the closing date.

This field is required.

2. Date Submitted

Enter the date the application is submitted to Federal agency (or State if applicable).

2.1 Applicant Identifier

Enter the applicant's control number (if applicable)

3. Date Received by State

Enter the date received by state (if applicable).

3.1 State Application Identifier

Enter the state application identifier (if applicable).

4.a. Federal Identifier

New project applications should leave this field blank, unless you are submitting a Changed/Corrected application or a New application following a Pre-Application. When submitting a changed/corrected "New" application, enter the Grants.gov tracking number. When a New Application is being submitted following a Pre-Application, enter the agency-assigned pre-application number, if applicable. If this is a continuation, revision, or renewal application, enter the assigned Federal Identifier number (for example, award number)--even if submitting a changed/corrected application.

4. b. Agency Routing Identifier

Enter the agency-assigned routing identifier per the agency-specific instructions.

5. Applicant Information

5.1 Organizational DUNS

Enter the DUNS or DUNS+4 number of the applicant organization. This field is required.

5.2 Legal Name

Enter legal name of applicant, which will undertake the assistance activity, enter the complete address of the applicant (including county/parish and country), and name, telephone number, e-mail, and fax of the person to contact on matters related to this application. This field is required.

5.3 Department

Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity.

5.4 Division

Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity.

5.5 Applicant Address

5.5.a Street1

Enter first line of the street address for the applicant in "Street1" field. This field is required.

5.5.b Street2

Enter second line of the street address for the applicant in "Street2" field. This field is optional.

5.5.c City

Enter the city for address of applicant. This field is required.

5.5.d County/Parish

Enter the county or parish for address of applicant.

5.5.e State

Enter the State where the applicant is located. This field is required if the applicant is located in the United States.

5.5.e.1 Province

Enter the Province.

5.5.f Country

Select the country for the applicant address. This field is required.

5.5.g ZIP / Postal Code

Enter the nine-digit Postal Code (e.g., ZIP code) of applicant. This field is required if the applicant is located in the United States. This field is required if a State is selected; optional for Province.

5.6 Person to be contacted on matters involving this application

5.6.a Prefix

Enter the prefix (e.g., Mr., Mrs., Rev.) for the person to contact on matters related to this application.

5.6.b First Name

Enter first (given) name of the person to contact on matters related to this application. This field is required.

5.6.c Middle Name

Enter the middle name of the person to contact on matters related to this application.

5.6.d Last Name

Enter the last (family) name of the person to contact on matters related to this application. This field is required.

5.6.e Suffix

Enter the suffix (e.g., Jr, Sr, PhD) for the name of the person to contact on matters related to this application.

5.7 Phone Number

Enter the daytime phone number for the person to contact on matters related to this application. This field is required.

5.8 Fax

Enter the fax number for the person to contact on matters related to this application.

5.9 Email

Enter the e-mail address for the person to contact on matters related to this application.

6. Employer Identification (EIN) or (TIN)

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.

7. Type of Applicant

Select from the menu or enter the appropriate letter in the space provided. If "Small Business" is selected as "Type of Applicant", then note if the organization is "Woman-owned" and/or "Socially and Economically Disadvantaged."

7.1 Other (Specify)

Complete only if "Other" is selected as the Type of Applicant.

7.2 Women Owned

Check if you are a women-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it.

7.3 Socially and Economically Disadvantaged

Check if you are a socially and economically disadvantaged small business, as determined by the U.S. Small Business Administration pursuant to section 8(a) of the Small Business Act U.S.C. 637(a).

8. Type of Application

Select the type from the following list. Check only one. This field is required.

8.0.1 New

An application that is being submitted to an agency for the first time.

8.0.2 Resubmission

An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration.

8.0.3 Renewal

An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.

8.0.4 Continuation

A non-competing application for an additional funding/budget period within a previously approved project period.

8.0.5 Revision

An application that proposes a change in: 1) the Federal Government's financial obligations or contingent liability

from an existing obligation; or, 2) any other change in the terms and conditions of the existing award.

8.1 If Revision, mark appropriate box(es)

May select more than one.

- 8.1.1 A. Increase Award
- 8.1.2 B. Decrease Award
- 8.1.3 C. Increase Duration
- 8.1.4 D. Decrease Duration
- 8.1.5 E. Other

If "Other" is selected, please specify in the text box provided.

8.1.6 Specify

If "Other" is selected for Revision, add text to explain.

8.2 Is this application being submitted to other agencies

8.2.1 Yes / No

Check applicable box. This field is required.

Yes: Check box if applicable. This field is required.

No: Check box if applicable. This field is required.

8.2.2 What other Agencies

Enter Agency name.

9. Name of Federal Agency

Name the Federal agency from which assistance is being requested with this application. This information is pre-populated by Grants.gov.

10. Catalog of Federal Domestic Assistance (CFDA) Number

Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. This information is pre-populated by Grants.gov.

11. Descriptive Title of Applicant's Project

Enter a brief descriptive title of the project. This field is required.

12. Proposed Project

12.1 Start Date

Enter the proposed start date of the project. This field is required.

12.2 Ending Date

Enter the proposed end date of the project. This field is required.

13. Congressional District of Applicant

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. To locate your congressional district, visit the Grants.gov web site. This field is required.

14. Project Director / Principal Investigator Contact Information

14.1 Prefix

The Project Director/Principal Investigator (PD/PI) is the individual responsible for the overall scientific and technical direction of the project. Enter the prefix of the PD/PI..

14.2 First Name

Enter the first name of the PD/PI. This field is required.

14.3 Middle Name

Enter the middle name of the PD/PI.

14.4 Last Name

Enter the last name of the PD/PI. This field is required.

14.5 Suffix

Enter the suffix of the PD/PI.

14.6 Position/Title

Enter the position/title of the PD/PI.

14.7 Organization Name

Enter the organization name of the PD/PI.

14.8 Department

Enter the department of the PD/PI.

14.9 Division

Enter the division of the PD/PI.

14.10.a Street1

Enter first line of the street address for the PD/PI in the "Street1" field. This field is required.

14.10.b Street2

Enter second line of the street address for the PD/PI in "Street2" field. This field is optional.

14.10.c City

Enter the City for address of the PD/PI. This field is required.

14.10.d County/Parish

Enter the county or parish for address of the PD/PI.

14.10.e State

Enter the State where the PD/PI is located. This field is required if the PD/PI is located in the United States.

14.10.e.1 Province

Enter the Province for PD/PI.

14.10.f Country

Select the country for the PD/PI address.

14.10.g ZIP / Postal Code

Enter the nine-digit Postal Code (e.g., ZIP code) of the PD/PI. This field is required if the PD/PI is located in the United States.

14.11 Phone Number

Enter the daytime phone number for the PD/PI. This field is required.

14.12 Fax

Enter the fax number for the PD/PI.

14.13 Email

Enter the e-mail address for the PD/PI. This field is required.

15. Estimated Project Funding**15.a. Total Federal Funds Requested**

Enter total Federal funds requested for the entire project period. This field is required.

15.b. Total Non-Federal Funds

Enter the total non-Federal funds proposed for the entire project period.

15.c. Total Federal & Non-Federal Funds

Enter total estimated funds for the entire project period, including both Federal and non-Federal funds. This is required information.

15 d. Estimated Program Income

Identify any Program Income estimated for this project period if applicable. This field is required.

16. Is Application Subject to Review by State Executive Order 12372 Process?

If yes, check box. If the announcement indicates that the program is covered under Executive Order 12372, applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372. If no, check appropriate box.

16.1 Date

If block 16a is checked, insert date application was submitted to State.

17. Certification

Check "I agree" to provide the required certifications and assurances. This field is required.

SFLLL or other Explanatory Documentation

If applicable, attach the SFLLL or other explanatory documentation per agency instructions.

18. Authorized Representative**18.1 Prefix**

Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Authorized Representative.

18.2 First Name

Enter first (given) name of the Authorized Representative. This field is required.

18.3 Middle Name

Enter the middle name of the Authorized Representative.

18.4 Last Name

Enter the last (family) name of the Authorized Representative. This field is required.

18.5 Suffix

Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Authorized Representative.

18.6 Position/Title

Enter the title of the Authorized Representative. This field is required.

18.7 Organization Name

Enter the name of organization for the Authorized Representative. This field is required.

18.8 Department

Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the Authorized Representative.

18.9 Division

Enter the name of primary organizational division, office, or major subdivision of the Authorized Representative.

18.10.a Street1

Enter first line of the street address for the Authorized Representative in the "Street1" field. This field is required.

18.10.b Street2

Enter second line of the street address for the Authorized Representative in the "Street2" field. This field is optional.

18.10.c City

City for address of the Authorized Representative. This field is required.

18.10.d County/Parish

Enter the county or parish for address of Authorized Representative.

18.10.e State

Enter the State where the Authorized Representative is located. This field is required if the Authorized Representative is located in the United States.

18.10.e.1 Province

Enter the Province for Authorized Representative.

18.10.f Country

Select the country for the Authorized Representative address.

18.10.g ZIP / Postal Code

Enter the nine-digit Postal Code (e.g., ZIP code) of the Authorized Representative. This field is required if the Authorized Representative is located in the United States.

18.11 Phone Number

Enter the daytime phone number for the Authorized Representative. This field is required.

18.12 Fax

Enter the fax number for the Authorized Representative.

18.13 Email

Enter the e-mail address for the Authorized Representative. This field is required.

18.14 Signature of Authorized Representative

It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity and/or submit the application to Grants.gov. If this application is submitted through Grants.gov leave blank. If a hard copy is submitted, the AOR must sign this block.

18.15 Date Signed

If this application is submitted through Grants.gov, the system will generate this date. If submitting a hard copy, enter the date the AOR signed the application.

19. Pre-application

If submitting a pre-application, provide a summary description of the project in accordance with the announcement and/or agency specific instructions and attach here.